

LOUISIANA TECH UNIVERSITY



INVITATION TO BID ONLY

BIDDER MUST FILL IN COMPANY NAME AND COMPLETE ADDRESS (PRINTED OR TYPED)

PHONE:

FAX:

EMAIL:

BID OPENING:

May 13, 2020 @ 2:00PM

BID NUMBER:

50012-457-20B

DEPARTMENT

Int'l Student & Scholar Services

PRICE MUST BE FIRM FOR AT LEAST 30 DAYS FROM OPENING DATE

DELIVERY IN DAYS

TERMS

BIDDER AGREES TO COMPLY WITH ALL CONDITIONS BELOW AND ATTACHED TO THIS REQUEST.

Prices are to be complete and the FOB point to be Louisiana Tech University unless otherwise specified.

RETURN THIS FORM TO:

PURCHASING OFFICE

P.O. Box 3157

408 Keeny Hall

College Drive

RUSTON, LA 71272

Phone: 318-257-4205

Fax: 318-257-3772

Company Quote #
if applicable

FAILURE TO SIGN WILL DISQUALIFY BID

Typed or Printed Name

Authorized Signature/Title

ITEM:	COMPLETE SPECIFICATIONS	QTY. & UNIT:	UNIT PRICE:	AMOUNT:
1	<p>*****RE-BID*****</p> <p>Louisiana Tech University's International Student and Scholar Services Department is now accepting SEALED bids for the following:</p> <p>International Student Health Insurance 2020-2021</p> <p>MINIMUM QUALIFICATIONS TO BID: The PPO network must include North Louisiana Medical Center, an inpatient general hospital in Ruston, Louisiana along with the Green Clinic, an inpatient and outpatient facility in Ruston, Louisiana within a ten mile radius of Louisiana Tech University. Use of Green Clinic TechCare, the on-campus student health center, is free to insured students and dependents.</p> <p>**ADDITIONAL QUESTIONS ARE DUE BY THE CLOSE OF BUSINESS ON MAY 4, 2020. **</p> <p>***Please see attached specifications***</p> <p>****ALL BIDS MUST BE RETURNED TO THE LOUISIANA TECH PURCHASING OFFICE VIA MAIL. DO NOT FAX OR EMAIL****</p> <p>For questions or more information, please call Jay Ligon at 318-257-4321.</p>			

IMPORTANT: If bidding other than requested brand and product number (or style), enclose sufficient literature to determine compliance with specifications. Failure to comply with this request may eliminate your bid from consideration. Any manufacturer's names, trade names, brand names, or catalog numbers used in the specifications are for the purpose of describing and establishing general quality levels. Such references or not intended to be restrictive. Bids will be considered for any brand which meets or exceeds the quality of the specifications listed for any item.

Schedule of Items

Page No. 2

Purchase Req. # 96 2069

Bid No. 50012-457-20B

Important: If bidding other than requested brand and product number (or style), please enclose sufficient literature to determine compliance with specification. Failure to comply with this request may eliminate your bid from consideration. Any manufacture's names, trade, brand names, or catalog numbers used in the specifications are for the purpose of describing and establishing general quality levels. Such references are not intended to be restrictive. Bids will be considered for any brand, which meets or exceeds the quality of the specifications listed for any items.

ITEM	<u>Description</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
	<p>CORONAVIRUS DISEASE (COVID-19) PURCHASIGN UPDATES:</p> <ol style="list-style-type: none"> 1 - Under the State of Louisiana law, no public bid openings will be allowed until further notice. Bid Number 50012-457-20B will be opened by the Louisiana Tech University Purchasing Officers. 2 - All sealed bids must be shipped via United States Postal Service (USPS). Please send bid with ample time for shipping and delivery via USPS; allow at least 5-7 business days for delivery. If bid is shipped via FedEx or UPS, it may not be delivered to our office. If your bid is not received by the deadline, it will not be considered for award. <p>ITEM #6 in the Instructions to Bidders:</p> <ol style="list-style-type: none"> 1 - A BID BOND IS REQUIRED FOR THIS BID. BID BOND MUST BE SENT IN THE SAME ENVELOPE AS VENDOR'S BID PACKET IN ORDER TO BE CONSIDERED FOR AWARD. <p>Questions and Answers:</p> <ol style="list-style-type: none"> 1 - Admin Fees for the last three years: NONE 2 - Commissions for the last three years: N/A 3 - After reviewing your plan design requirements, we noticed that there is not specifications as to whether or not the school has any requirement for an ACA plan or a non-ACA plan: The policy does need to be ACA compliant. When our provider changed from 2016-2017 to 2017-2018, the new provider only had an ACA policy available in the state of Louisiana. It was their choice, not our choice, to provide unlimited medical benefit. This bid is for a maximum limit for for injuries with a \$250,000 limit. 4 - Can inside dollar limits be placed on certain benefits: Yes - we would consider bids with an inside dollar limit - these should be indicated appropriately in the bid. 			

Schedule of Items

Page No. 3

Purchase Req. # 96 2069

Bid No. 50012-457-20B

Important: If bidding other than requested brand and product number (or style), please enclose sufficient literature to determine compliance with specification. Failure to comply with this request may eliminate your bid from consideration. Any manufacture's names, trade, brand names, or catalog numbers used in the specifications are for the purpose of describing and establishing general quality levels. Such references are not intended to be restrictive. Bids will be considered for any brand, which meets or exceeds the quality of the specifications listed for any items.

ITEM	Description	QUANTITY	UNIT PRICE	AMOUNT
	<p>Questions and Answers:</p> <p>5 - Is there some flexibility as it pertains to Item #6 of the Insurance Company Declaration states that carriers must provide: Yes, carrier can provide additional reference instead of the approximate premium volume for each University or College, name and title of administer at each school responsible for the student health program.</p> <p>6 - Are non-admitted providers allowed to bid: We cannot accept bids from non-admitted carriers.</p> <p>7 - Please clarify if Louisiana Tech is looking for a proposal that does not exclude benefits for pre-existing conditions OR if a 6 month exclusion for pre-existing conditions (waived with continous coverage) would be preferred: A 6-month exclusion for pre-existing conditions (waived with continous coverage) is required</p> <p>8 - Who is holding the current bond: The current bid bond was issued by Wellfleet (our current vendor).</p> <p>9 - Is the bid bond amount based on last year's premium or the expected amount of the first year's premium: The bid bond shall be for five (5) percent of the total premiums paid for the year 2019-2020 which is \$386,201.00.</p> <p>10 - Must the bid bond be provided with the bid submission or can it provided if awarded the contract: The bid bond must be submitted with the bid. If a bid is submitted without a bid bond included in the sealed bid, the bid CANNOT be accepted.</p>			

Request for Proposal
International Student and Scholar Insurance
Louisiana Tech University
Ruston, Louisiana

Objective:

To provide sickness and accidental insurance coverage for the international students of Louisiana Tech University beginning **August 28, 2020**.

**BASE BID: SICKNESS and ACCIDENTAL INSURANCE,
MANDATED FOR F-1 INTERNATIONAL STUDENTS WITH
HARD WAIVER, AVAILABLE FOR J-1 EXCHANGE VISITORS
(AND THE DEPENDENTS OF F-1 STUDENTS AND J-1
EXCHANGE VISITORS)**

For a one (1) year period from August 29, 2020 through August 28, 2021
with an option for both parties to renew for two (2) additional years.

Background:

Louisiana Tech University is a state supported university offering degrees at the associates, bachelors and graduate levels. The student population comes from across the United States and roughly 64 foreign countries. Fall 2019 enrollment was 12,000, of which 448 were international students. More than 95% of these students were on F-1 visas. There were also 12 research scholars and 5 international students who were in Exchange Programs (J-1) and were not here for the full academic year.

The University has Green Clinic TechCare, the student health center, on campus staffed by advanced registered nurses, registered nurses and certified nursing assistant from 7:30 a.m. to 4:30 p.m. Monday through Friday.

Information related to the current contract is available in attachments to this BID. A list of the Attachments and their subject are:

- Attachment 1: Academic Calendar
- Attachment 2: Brochure from current plan
- Attachment 3: Utilization Report
- Attachment 4: Enrolled students by country for Fall 2019

Eligibility & Coverage Period:

It is the policy of Louisiana Tech University that all students, who meet one of the following conditions, are required to have health insurance coverage while they are engaged in educational activities

- They are non-immigrant foreign nationals with valid passports from their home countries

- They have been issued an I-20 Certificate of Eligibility by Louisiana Tech University
- They have been granted F-1 student status by U.S. Citizenship and Immigration Services (USCIS)
- They are registered at Louisiana Tech
- They are exchange visitors (and their dependents) who have been issued a DS 2019 by Louisiana Tech University

Hard waivers will be granted to students who have insurance through their parents, government or other extenuating circumstances. A qualified student under the policy will be covered in any country outside his or her country of citizenship and/ or usual domicile.

The policy will also allow the following individuals to purchase a policy, although it is not a requirement for them:

- Spouses of F-1 students or J-1 exchange visitors.
- Children under the age of 19 of a registered F-1 student

The policy could also include F-1 students in the following categories:

- F-1 students on 12 month Optional Practical Training or 24 month STEM Optional Practical Training Extensions.

A person who is eligible for coverage shall become an Insured Certificate Holder on the first day of the academic quarter or the effective date specified by the Policyholder. Coverage should be in effect during the interim quarter break period, provided the student reenrolls and pays the premium for the following quarter. Coverage is to be in effect during all vacation and holiday periods during a quarter.

Coverage should remain in effect for an applicable quarter even though a student may leave school, unless the insured student enters military service, in which coverage would terminate upon entrance.

Students resigning after the premium is paid will be fully covered for the remainder of the quarter. Should a student resign from the University while a claim is pending, the coverage should continue until payment of the maximum amount applicable or until the student is fully recovered, whichever comes first.

Participation in intramural activities and club sports is to be covered. Intercollegiate activities will not be covered.

ID Cards and Claims Handling Procedure:

The Company will provide health insurance identification cards. These cards should include the University's name, the name and address of the Company, an insurance policy number and the telephone number of the Company to be accessed by the health care providers.

The Company must provide a toll-free number and have claims representatives available during normal working hours. The Company must agree to make a good faith effort to process completed claim forms quickly and efficiently. The claim form must be simple and easy to complete. The Company must accept bills and statement forms generated by hospitals, clinics and attending physicians as supporting documentation.

Deductible or Co-pay:

There should be a deductible of \$200 per coverage year of an Insured Certificate Holder, whether student, scholar or dependent, or a reasonable co-pay which could vary depending on whether in network or outside the network. Services provided by Green Clinic TechCare, the on-campus student health center, must have a \$0 Co-pay regardless of the deductible. If the insured is referred by Green Clinic TechCare, the deductible should be reduced.

Payment of Premium:

After the ninth class day each quarter, the university will remit a check equal to 90% of the insurance premiums assessed along with a list of covered students. The university will remit the remaining 10% of the premiums, adjusting for any changes after the ninth class day, after the quarter has ended.

An invoice from the insurance company is preferred but not required.

Qualifications of Bidder:

The bidder shall submit, as part of the bid, proof of the following:

1. Evidence of successful operation in providing insurance coverage at other universities for at least the last five (5) years.
2. Best Key Rating Guide of A- or better, which includes A, A+ and A++.
3. Evidence the insurance company is authorized to do business in the State of Louisiana.
4. Evidence the agent or agency submitting the bid is licensed to do insurance business in the State of Louisiana.
5. Evidence the following information pertaining to the Managing General Agency (MGA) is stated:
 - a. Years in business writing this program;
 - b. Number of years MGA has used present insurance carrier in the program.
6. "Insurance Company Declaration", as outlined below.

MINIMUM QUALIFICATION TO BID: The PPO network must include North Louisiana Medical Center, an inpatient general hospital in Ruston, Louisiana along with the Green Clinic, an inpatient and outpatient facility in Ruston, Louisiana within a ten mile radius of Louisiana Tech University. Use of Green Clinic TechCare, the on-campus student health center, is free to insured students and dependents.

Insurance Company Declaration

Please reply to the following. All items must be answered and all forms requested must be submitted with bid.

1. Name of insurance company.
2. Insurance company's address.
3. Insurance company's telephone number, toll free.
4. Best's policyholder's rating.
5. Best's financial size category classification.
6. List of each university or college insured during previous school year and attach a separate form listing the name for each university or college; approximate premium volume for each university or college; and the name and title of the administrator at each school responsible for the student health program. Denote those schools, which have been insured for three (3) years or more. Individual schools may be contacted.
7. If the insurance company is paying claims, please provide/answer the following:
 - a. List the location of the office where claims will be paid;
 - b. List the name, title, telephone number, and years of experience in administering student claims, of the persons responsible for the claim service;
 - c. List toll free number that can be used to call by the university in reference to any claims, questions or problems.;
 - d. Will claims' office provide copies of all claims status to the university?
 - e. Will claims' office provide information on all claims rejected and the reason(s) for the rejection?
 - f. What is the average time for a claim to be processed after the date the insurance company receives it?
8. What are the insurance company's procedures in processing claims when notice of claim is submitted beyond the policy's time limit?
9. What are the insurance company's procedures in processing claims when written proof of loss is submitted more than ninety (90) days after the date of such loss?
10. Will the insurance company furnish the school with a monthly listing of all claims paid, including
 - a. Claim
 - b. Insured's name
 - c. Date of claim incurred
 - d. Date of claim paid
 - e. Amount of claim

- f. Company paid
11. Provide online access to claim forms and capability of submitting claims.

Dates of Quarters – Subject to Change

Fall 2020	September 9, 2020 until November 21, 2020 (Coverage August 29 to Nov 30)
Winter 2021	December 1, 2020 until March 6, 2021 (Coverage Dec 1 to March 8)
Spring 2021	March 9, 2021 until May 22, 2021 (Coverage March 9 to June 1)
Summer 2021	June 2, 2021 until August 19, 2021 (Coverage June 2 to August 28)

Medical Benefits:

Subject to the exclusions, limitations, and all other provisions of the policy, benefits are to be payable at 100% for a covered expense if: (a) The deductible requirement, if any, is met; (b) The expense is incurred within 52 weeks of the date of the accident causing the injury or manifestation of sickness. Covered expenses under the policy should be limited to the following types prescribed by a doctor for the therapeutic treatment of covered injury or sickness when the fees for such are reasonable and customary;

Charges for diagnosis and treatment by a doctor, nurse practitioner, physician assistant, registered nurse (not a close relative of or with same legal residence as the Insured Individual), professional anesthetist, radiologist, or physiotherapist;

Charges for daily hospital room and board not exceeding hospital's average semiprivate charge and intensive care unit charges;

Charges for laboratory, x-ray, and other diagnostic examinations;

Charges for prescription drugs required to be dispensed by a licensed pharmacist, except the Plan will pay 100% of charges for such drugs used on an inpatient basis and 75% of charges for such drugs used on an outpatient basis;

Hospital charges which include recovery room, electrocardiograms, basal metabolism test, surgical dressing;

Charges from outpatient services;

Charges for emergency professional ambulance service by ground or air to a hospital;

Charges for the following listed types of orthopedic or prosthetic devices or hospital equipment;

Man-made limbs or eyes for the replacing of natural limbs or eyes;

Casts, splints, or crutches;

Purchase of a truss or brace;

Oxygen and rental of equipment for giving oxygen;

Rental of wheelchair or hospital bed;

Rental of dialysis equipment and supplies, and

Colostomy bags and ureterostomy bags

The policy should not cover rental charges for equipment in excess of the purchase price of the equipment.

Medical Evacuation Benefits:

The policy will cover, up to a maximum benefit of (no more than) \$50,000 charges of air evacuation of the injured or sick Insured Certificate Holder to the individual's home country or country of regular domicile or to another medical facility, provided the air evacuation (a) is upon the recommendation and agreement of the attending licensed physician (b) results from a covered injury or sickness, and (c) does not occur prior to the benefit approval.

Repatriation:

The policy will cover, up to a maximum benefit (no more than) \$25,000 in the aggregate, reasonable expenses which are incurred in connection with the cremation or preparation and transportation of the body of a deceased Insured Certificate Holder to the individual's place of residence in the individual's home country provided the individual's death occurred outside his or her home country.

Pregnancy Benefit:

Covered expenses for pregnancy will be payable on the same basis as covered expenses for any other sickness with respect to an Insured Certificate Holder whether that individual is a student, scholar or covered dependent spouse. No benefits are payable for any expenses which relate to the pregnancy of a dependent child. Elective abortion is not covered.

Newborn Infants:

A newborn child of an Insured Certificate Holder will automatically be an Insured Individual for 31 days from the moment of his/her birth only for covered expenses which are due directly to injury or sickness, premature birth, or a congenital condition which exists at birth. In order to continue coverage of a newborn child beyond the 31st day following birth, (a) notice of the birth of the child will be provided to the Company or its authorized representative within 31 days from the date of birth, and (b) the required payment of the appropriate premium will be submitted.

Physiotherapy Expenses:

Covered expenses in connection with physiotherapy which are incurred while not confined in a hospital and which are billed by a doctor or physiotherapist, should not exceed the maximum amounts listed below. Charges in excess of these maximums should not be included as covered expenses in the policy.

Physiotherapy means treatment of sickness or injury by use of physical means, including, but not limited to, air, heat, light, water, electricity, massage, manipulation, or active exercise.

The physiotherapy benefit per calendar year will be (no more than) \$500.

Mental and Nervous Disorders/ Substance Abuse:

In-patient benefits are to be paid as any other covered illness up to an aggregate limit of 30 days in a 12 month period. Out-patient benefits are to be paid as any other covered illness up to an aggregate limit of 10 visits in a 12 month period.

Exclusions:

Submit exclusions as defined by your policy

TERMS AND CONDITIONS:

Louisiana Tech University reserves the right to withdraw this BID at any time and for any reason. Receipt of proposal materials by the University or submission of a proposal to the University confers no rights upon the proposer nor obligates the University in any manner. Louisiana Tech University reserves the right to authenticate any and all information contained in the bid of each respective insurance company.

A contract, based on this BID, may or may not be awarded. Proposals are to be submitted to:

Louisiana Tech University
Purchasing Department
Keeny Hall Room 408
P.O.Box 3157
Ruston, LA 71272

Inquiries may be submitted to the Director of the International Student and Scholar Services, by email, to Jay Ligon, ligon@latech.edu or phone # 318-257-4321.

Contract Changes:

No additional changes, enhancements, or modifications to any contract resulting from this BID shall be made without the prior approval of Louisiana Tech University. Changes to the contract include any change in: compensation; beginning/ending date of the contract; scope of work; and/or Contractor change through the Assignment of Contract process. Any such changes, once approved, will result in the issuance of an amendment of the contract. Contract changes may only be made after the first year of the contract.

Any changes to premium rates or deductible must be based on loss experience, cannot exceed the Medical Care portion of the Consumer Price Index and must be shared with Louisiana Tech University via email to ligon@latech.edu, iso@latech.edu, vtran@latech.edu six (6) months prior to the intended change taking place. Written notice of intention by the Underwriter to extend the contract for the additional two year period and to adjust premium rates for the next policy year shall be given to the Director of Purchasing and the Director of International Student & Scholar Services at Louisiana Tech University by February 1st of that year.

Contact Termination:

Louisiana Tech University reserves the right to terminate this contract at any time for cause based upon the failure of the Contractor to comply with its terms and/or conditions of the agreement, or failure to fulfill its performance obligations pursuant of the agreement, provided that Louisiana Tech University shall give the Contractor written notice specifying the Contractor's failure. If within thirty days after receipt of such notice, the Contractor has not corrected such failure or, in the case of failure which cannot be corrected in thirty days, begun correction, then the State may, at its option, place the Contractor in default and the Agreement shall terminate on the date specified in such notice.

Remedies for Default:

Any claim or controversy arising from this contract shall be resolved by the provisions of LSA-R.S. 39:1524 through 1526.

Indemnification:

The Contractor agrees to indemnify and hold the University harmless from any and all claims, demands, liabilities, lawsuits or damages in any way arising out of or based upon the activities or omissions of the Contractor, under this Agreement, including without limitation claims for refund of fees. The University agrees to indemnify and hold the Contractor harmless from any and all claims, demands, liabilities, lawsuits, or damages in any way arising out of or based upon the activities or omissions of the University's personnel.

Auditors:

It is hereby agreed that the Legislative Auditor of the University and/or the Office of the Governor, Division of Administration auditors of Louisiana shall have the option of auditing all accounts of Contractor which relate to this contract.

PROPOSAL SUBMISSION REQUIREMENTS:

One (1) signed original and two (2) copies of the proposal under a sealed cover must be received by **May 13, 20.** Any proposals received after this date shall be rejected. Proposals should be mailed or delivered to:

Louisiana Tech University
Purchasing Department
Keeny Hall Room 408
P.O.Box 3157
Ruston, LA 71272

The outside cover of the package containing the proposal shall be marked:

International Student and Scholar Insurance
BID
Name of Bidder

Response Requirements:

1. Cover Letter- Letter summarizing response signed by an authorized representative of the company.
2. Table of Contents.
3. Company Background- Provide background information on your company, including a statement clarifying whether the Proposer is a sole proprietor, a partnership, a corporation or other legal entity.
4. Plan Description- Provide a description of the proposed plan.
5. Premium- Provide a statement of the premiums for the proposed plan for the coverage period and as a quarterly rate.
6. Exclusions- Describe exclusions as defined by your policy.
7. References- Submit information to document successful and reliable experience and service, including reference information. Each proposer must furnish a list of a minimum of five (5) clients currently begin provided international student and scholar health insurance services.
8. Organizational Chart- Provide an organizational chart showing the staffing and lines of authority for key personnel to be used.
9. Supporting Documents. Documentation not included elsewhere including but not limited to, Power of Attorney certifying agent's authority to bind the Proposer if response is submitted by an agent, a statement that Proposer is authorized to do business in the State of Louisiana and has properly registered to do so.

BID RESPONSE FORM FOR PRICING

PREMIUM RATES MUST BE CONSISTENT FOR ALL GROUPS WITHOUT AGE LIMITS

<u>Level of coverage</u>	<u>Unit</u>	<u>Weight</u>	<u>Subtotal</u>
Student Only	_____	X 100 =	_____
Student & Spouse	_____		
Student, Spouse & Child(ren)	_____		
Student & Child(ren)	_____		
J-1 Scholar Only	_____		
J-1 Scholar & Spouse	_____		
J-1 Scholar, Spouse & Child(ren)	_____		
J-1 Scholar & Child(ren)	_____		

This bid will be awarded based on the weight of Student Only Coverage (the first line under Level of coverage on this form). Quantities are not guaranteed.

Bidder's Initials: _____

Date: _____

Bidders must sign original bid form as well.

THIS IS A REQUEST FOR A SEALED BID

INSTRUCTIONS TO BIDDERS

1. Read the entire bid, including all terms and conditions and specifications.
2. Louisiana Tech University is not liable for any cost incurred by the bidders prior to execution of a contract and the issuance of a purchase order. Any bidder who ships or otherwise expends time or money prior to award as defined does so at the bidder's own risk.
3. All bid prices must be typed or written in ink. Any corrections, erasures or other forms of alteration to unit prices should be initialed by the bidder. If the bidder needs to submit a change or addenda, such shall be submitted in writing, signed in original ink by a representative of the bidder, cross-referenced clearly to the relevant bid section, in a sealed envelope, prior to the bid opening date. Such shall meet all requirements for the bid. Unless received as specified above, all bid information will remain unchanged.
4. This bid is to be manually signed in ink.
5. Bid prices shall include all delivery charges paid by the vendor, F.O.B. Destination, unless otherwise provided in the solicitation. Bids requiring deposits, "payment in advance" or "C.O.D" may be rejected. Payment is to be made within 30 days after receipt of properly executed invoice or delivery, whichever is later.
6. Amount of bid bond required: every bid submitted for in excess of fifty thousand dollars shall be accompanied by a bid bond guaranteed by a surety company qualified to do business in the state of Louisiana. The bid bond shall be for five percent of the official bid amount.
7. To assure consideration of your bid, all bids and addenda should be returned in an envelope or package clearly marked with the bid opening date and the bid number; or submitted in the special envelope, if furnished for that purpose.
8. Bids submitted are subject to provisions of the laws of the State of Louisiana including but not limited to L.R.S. 39:1551-1736; Purchasing rules and regulations; executive orders; standard terms and conditions; special conditions; and specifications listed in this solicitation.
9. Important: By signing the bid, the bidder certifies compliance with all instructions to bidders, terms conditions and specifications, and further certifies that this bid is made without collusion or fraud. This bid is to be manually signed in ink by a person authorized to bind the vendor (see no. 26). All bid information shall be in ink or typewritten.
10. Address all inquiries and correspondence to the Louisiana Tech University Office of Purchasing at the address and telephone number listed herein.
11. Bid forms: All written bids, unless otherwise provided for, must be submitted on, and in accordance with, forms provided, and properly signed (see no. 27). Bids submitted in the following manner will not be accepted:
 - A. Bid contains no signature indicating intent to be bound;
 - B. Bid sent by facsimile equipment;
 - C. Bid filled out in pencil; and
 - D. Bid not submitted on the designated bid forms.
12. Bids must be received at the address specified in the solicitation prior to bid opening time in order to be considered.
13. Standards of quality – Any product or service bid shall conform to all applicable federal, state, and local laws and regulations, and the specifications contained in the solicitation. If bidding other than the requested brand or product number (or style), enclose sufficient literature to determine compliance with specifications. Failure to comply with this request may eliminate your bid from consideration. Unless otherwise specified in the solicitation document, any manufacturer's name, trade name, brand name, or catalog number used in the specification is for the purpose of describing the standard of quality, performance, and characteristics desired; and is not intended to limit or restrict competition. Bidder must specify the brand

and model name of the product offered in the bid. Bids not specifying brand and model number shall be considered as offering the exact product specified in the solicitation. See bid document for full requirements.

14. New Products: Unless specifically called for in the solicitation documents, all products for purchase must be new, never previously used, and the current model and/or packaging. No remanufactured, demonstrator, used or irregular product will be considered for purchase unless otherwise specified in the solicitation documents. The manufacturer's standard warranty will apply unless otherwise stated in the solicitation.
15. Louisiana Tech University reserves the right to award items separately, grouped or on an all-or-none basis and to reject any or all bids and waive any informalities.
16. This agreement is non-exclusive and shall not in any way preclude Louisiana Tech University from entering into similar agreements and/or arrangements with other vendors or from acquiring similar, equal, or like goods and/or services from other entities or sources.
17. Bid opening: Bidders may attend the bid opening, but no information or opinions concerning the ultimate contract award will be given at the bid opening or during the evaluation process. Bids may be examined within 72 hours after bid opening. Information pertaining to completed files may be secured by visiting the Louisiana Tech University Purchasing Office during normal working hours. Written bid tabulations will not be furnished prior to 72 hours.
18. Prices: Unless otherwise specified by Louisiana Tech University in the solicitation, bid prices must be complete, including transportation prepaid by bidder to destination and firm for acceptance for a minimum of 30 days. If accepted, prices must be firm for the contractual period.
19. Taxes: Vendor is responsible for including all applicable taxes, fees, and tariffs in the bid price. Louisiana Tech University is exempt from all Louisiana state and local sales and use taxes. By accepting an award, resident and non-resident firms acknowledge their responsibility for the payment of all taxes duly assessed by the State of Louisiana and its political subdivisions for which they are liable, including but not limited to: franchise taxes, privilege taxes, sales taxes, use taxes, ad valorem taxes, etc.
20. Contract renewals: Upon agreement of the State of Louisiana agency and the contractor, a term contract may be extended for two additional 12-month periods at the same prices, terms and conditions. In such cases, the total contract term cannot exceed 36 months.
21. Contract cancellation: Louisiana Tech University has the right to cancel any contract, in accordance with purchasing rules and regulations, including but not limited to: (1) failure to deliver within the time specified in the contract; (2) failure of the product or service to meet specifications, conform to sample quality or to be delivered in good condition; (3) misrepresentation by the vendor; (4) fraud, collusion, conspiracy or other unlawful means of obtaining any contract with the University; (5) conflict of contract provisions with constitutional or statutory provisions of state or federal law; (6) any other breach of contract. Louisiana Tech University has the right to cancel any contract for convenience at any time by giving thirty (30) days written notice to the vendor. In such cases, the vendor shall be entitled to payment for complaint deliverables in progress.
22. Applicable law: All contracts shall be construed in accordance with and governed by the laws of the State of Louisiana.
23. In accordance with Executive Order Number JBE 2018-15, effective May 22, 2018, for any contract for \$100,000 or more and for any contractor with five or more employees, Contractor, or any Subcontractor, shall certify it is not engaging in a boycott of Israel, and shall, for the duration of this contract, refrain from a boycott of Israel. The State reserves the right to terminate this contract if the Contractor, or any Subcontractor, engages in a boycott of Israel during the term of the contract.

24. The bidder agrees to abide by the requirements of the following as applicable: Title VI of the Civil Rights Act of 1964 and Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Federal Executive Order 11246 as amended, the Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, the Fair Housing Act of 1968 as amended, and bidder agrees to abide by the requirements of the Americans with Disabilities Act of 1990. Bidder agrees not to discriminate in its employment practices, and will render services under this contract without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran status, political affiliation, disability, or age in any matter relating to employment. Any act of discrimination committed by bidder, or failure to comply with these statutory obligations when applicable shall be grounds for termination of any contract entered into as a result of this solicitation.
25. Special accommodation: Any "qualified individual with a disability" as defined by the Americans with Disabilities Act, who has submitted a bid and desires to attend the bid opening, must notify the Louisiana Tech University Office of Purchasing in writing not later than seven days prior to the bid opening date of their need for special accommodations. If the request cannot be reasonably provided, the individual will be informed prior to the bid opening.
26. Indemnity: Contractor agrees, upon receipt of written notice of a claim or action, to defend the claim or action, or take other appropriate measure, to indemnify, and hold harmless, the state, its officers, its agents and its employees from and against all claims and actions for bodily injury, death or property damages caused by the fault of the contractor, its officers, its agents, or its employees. Contractor is obligated to indemnify only to the extent of the fault of the contractor, its officers, its agents, or its employees. However, the contractor shall have no obligation as set forth above with respect to any claim or action from bodily injury, death or property damages arising out of the fault of the state, its officers, its agents or its employees.
27. Signature authority: Attention: R.S. 39:1594(c) (4) requires evidence of authority to sign and submit bids to the State of Louisiana. You must indicate which of the following apply to the signer of this bid.
- Please circle one:
- 1) The signer of this bid is either a corporate officer who is listed on the most current annual report on file with the Secretary of State or a member of a partnership or partnership in commendam as reflected in the most current partnership records on file with the Secretary of State. A copy of the annual report or partnership must be submitted to this office before contract award.
 - 2) The signer of this bid is a representative of the bidder authorized to submit this bid as evidenced by documents such as Corporate Resolution, Certification as to Corporate Principal, etc. If this applies, a copy of the resolution, certification, or other supportive documents must be attached hereto.
 - 3) The bidder has filed with the Secretary of State an affidavit or resolution or other acknowledged/authentic document indicating that the signer is authorized to submit bids for public contracts. A copy of the applicable document must be submitted to this office before contract award.
 - 4) The signer of the bid has been designated by the bidder as authorized to submit bids on the bidder's vendor registration on file with this office.
28. In accordance with the provisions of R.S. 39:2182, in awarding contracts after August 15, 2010, any public entity is authorized to reject a proposal or bid form, or not award the contract to, a business in which any individual with an ownership interest of five percent or more, has been convicted of, or has entered a plea of guilty or nolo contendere to any state felony or equivalent federal felony crime committed in the solicitation or execution of a contract or bid awarded under the laws governing public contracts under the provisions of chapter 10 of Title 38 of the Louisiana Revised Statutes of 1950; professional, personal, consulting, and social services procurement under the provisions of Chapter 16 of Title 39, or the Louisiana Procurement Code under the provisions of Chapter 17 of Title 39.
29. It is agreed that the Legislative Auditor of the State of Louisiana and/or the Office of the Governor, Division of Administration auditors shall have the option of auditing all accounts which relate to this contract.

30. The continuation of this contract is contingent upon the appropriation of funds to fulfill the requirements of the contract by the legislature. If the legislature fails to appropriate sufficient monies to provide for the continuation of the contract, or if such appropriation is reduced by the veto of the Governor or by any means provided in the Appropriations Act to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the contract.
31. Whenever a public entity enters in to a contract in excess of five-thousand dollars (\$5,000) for the construction, alteration, or repair of any Public Works, the official representative of the public entity shall reduce the contract to writing and have it signed by the parties. When an emergency as provided in R.S. 38:2212(D) is deemed to exist for the construction, alteration, or repair of any Public Works and the contract for such emergency work is less than fifty-thousand dollars (\$50,000), there shall be no requirement to reduce the contract to writing (R.S. 38:2241).
32. For each contract in excess of twenty-five thousand dollars (\$25,000) per project, the public entity shall require of the contractor a bond with good, solvent, and sufficient surety in a sum of not less than fifty percent (50%) of the contract price for the payment by the contractor or subcontractor to claimants as defined in R.S. 38:2242. The bond furnished shall be a statutory bond and no modification, omissions, additions in or to the terms of the contract, in the plans or specifications, or in the manner and mode of payment shall in any manner diminish, enlarge, or otherwise modify the obligations of the bond. The bond shall be executed by the contractor with surety or sureties approved by the public entity and shall be recorded with the contract in the office of the recorder of mortgages in the parish where the work is to be done not later than thirty days after the work has begun.
33. For construction projects falling within classifications of 37:2150 the bidder must be fully qualified under any state or local licensing law for contractors in effect at the time and at the location of the work before submitting his bid. In the state of Louisiana, revised statutes 37:2150, et seq. Will be considered, if applicable. The contractor shall be responsible for determining that all of his sub-bidders or prospective subcontractors are duly licensed in accordance with law. On any bid in excess of fifty thousand dollars (\$50,000), the Contractor shall certify that he is licensed under R.S. 37:2150-2163 and show his license number on the bid. The bid envelope shall be identified on the outside with the Name of the Project, Bid Number, Bid Time, the Name of the Bidder and the License Number of the Bidder.

TO: Louisiana Veteran-Owned and Service-Connected Disabled Veteran-Owned Small Entrepreneurships

RE: Veteran Initiative – Act 167 of the 2009 Legislative Session

➤ **ARE YOU ELIGIBLE FOR PARTICIPATION?**

- Are you a veteran-owned small entrepreneurship or a service-connected disabled veteran-owned small entrepreneurship in accordance with documentation from the United States Department of Veteran Affairs or the Louisiana Department of Veteran Affairs?
- Are you a Louisiana domiciled business?
- Do you have less than fifty (50) full-time employees?
- Are your annual gross revenue receipts \$5,000,000 or less (for construction) or \$3,000,000 for (non-construction) for each of the previous three (3) tax years?

If your answers are yes, your company may be eligible for participation in the Louisiana Veteran-Owned and Service-Connected Disabled Veteran-Owned Small Entrepreneurship Program, also known as the Veteran Initiative.

➤ **WHAT IS THE VETERAN INITIATIVE?**

The Veteran Initiative, created by LRS 39:2171 through 2179 and LRS 51:931, provides additional opportunities for certified Louisiana-based small entrepreneurship to participate in contracting and procurement with the State. Key features of the programs are:

- This is a goal-oriented program
- It is race and gender neutral
- Participation is restricted to Louisiana-based certified veteran-owned and service-connected disabled veteran-owned small entrepreneurship

The rules governing the implementation of the program are located at <http://www.doa.louisiana.gov/osp/se/se.htm>.

➤ **WHY IS CERTIFICATION IMPORTANT?**

Certification is required for the participation in the Veteran Initiative. Under this program, you may be given increased opportunity to participate in Louisiana state contracts. Certain contracts may be awarded to your business without competition. And, certification is one of the methods that the State of Louisiana will utilize as a basis for benchmarking for annualized procurement and contracting goals.

➤ **WHAT AGENCY IS RESPONSIBLE FOR CERTIFICATION?**

The Louisiana Department of Economic Development (LED) is responsible for certifying Small Entrepreneurships for participation in the program. The (LED) Small Business Certification System may be accessed by <https://smallbiz.louisianaeconomicdevelopment.com/Account/Login>. For additional information regarding certification, please contact the LED at 800.450.8115 or 225.342.3000.

➤ **WHAT IS THE ROLE OF THE DEPARTMENT OF VETERANS AFFAIRS?**

The Louisiana Department of Veterans Affairs is responsible for disseminating information on this program and other veterans' benefits to Louisiana veterans. Information on this program and other veterans' benefits can be accessed at www.vetaffairs.al.gov.

The State of Louisiana is committed to the success of this program and encourages your participation.

Attachment 1: Academic Calendar

FALL QUARTER 2020 (TERM 211)

Jun	1	M	International Admissions: applications and transcripts due for all new International Students
Aug	1	S	Undergraduate Admissions: applications for admission or readmission due in Admissions Office
	31	M	1st Schedule Purge for students who have not confirmed or paid: 5:00 p.m.
Sep	4	F	Residence Halls open: 9:00 a.m.
	7	M	LABOR DAY: University Closed
	8	T	International Student Orientation: 8:30 a.m., Tolliver Hall 229
	8	T	Food Service opens, night meal
	9	W	FALL QUARTER 2020 BEGINS
	9	W	General Registration/Fee Payment (for all new/readmitted students & those continuing students who did not complete early registration & fee payment): 8:15 am –6:00 pm (KEEH 207 & KEEH 103)
	9	W	Math Placement Exam: 1:00 p.m., GTMH 311
	9	W	Foreign Language Placement Exam: SPANISH @ 9:00 a.m.; FRENCH @ 2:00 p.m., GTMH 227
	9	W	2nd Schedule Purge for students who have not confirmed or paid:6:00 p.m.
	10	R	CLASSES BEGIN
	10	R	Late Registration and Drop/Add begins.
	14	M	Late Registration ends: last day for Drop/Add and “no-grade” drops
	25	F	Last day to register for Fall graduation. (F, Wk 3)
Oct	2	F	Deadline for completing “I” grade work from Spring & Summer (F, Wk 4)
	9	F	Deadline for faculty submission of “I” grade changes from Spring & Summer (F, Wk 5)
	26	M	Advising begins for currently enrolled students
	30	F	Last day to drop courses or resign w/ “W” grades (“F” grades after this date). (F, Wk 8)
Nov	2 - 20	M-F	Early Web Registration, Early Schedule Adjustment (Drop/Add), Early Web Fee Payment for Winter Quarter 2021: Veterans, Honors Program Students, and Graduate Students: M, Nov 2 thru F, Nov 20 Seniors: T, Nov 3 thru F, Nov 20 Juniors: R, Nov 5 thru F, Nov 20 Sophomores: M, Nov 9 thru F, Nov 20 Freshmen: W, Nov 11 thru F, Nov 20 BOSS Hours: See URL: https://boss.latech.edu/ BOSS Self-Help Registration Center (KEEH 207) Hours: M-F: 8:15 am to 12:00 pm/12:30 pm to 4:45 pm 1st Purge for Winter: F, November 20, 5:00 p.m.
Nov	17	T	Degree candidate grades due on Faculty BOSS
	19	R	LAST DAY OF CLASSES
	19	R	Food Service closes after night meal.
	20	F	Residence Halls close: 12:00 noon
	21	S	Fall Commencement Exercises, Thomas Assembly Center: 10:00 a.m.
	21	S	FALL QUARTER 2020 ENDS
	23	M	All other grades due on Faculty BOSS
	24	T	Grades “live” on Student BOSS
	26-27	R-F	THANKSGIVING HOLIDAYS: University Closed

Developed by: University Registrar

Council of Academic Deans (CADs): First Draft Reviewed **3-21-2018**; Second Draft Reviewed _____; Implementation Approved _____

President's Administrative & Planning Council (APC): First Draft Reviewed **3-26-2018**; Second Draft Reviewed _____; Implementation Approved _____

A/O: February 5, 2018 (C1); April 11, 2018 (C2)

WINTER QUARTER 2021 (TERM 212)

Sep	1	T	International Admissions: applications and transcripts due for all new International Students
Nov	1	U	Undergraduate Admissions: applications for admission or readmission due in Admissions Office
	20	F	1st Schedule Purge for students who have not confirmed or paid: 5:00 p.m.
	23	M	New students (freshmen & transfer) that have been admitted & advised may register & pay tuition/fees. This includes readmitted students.
	26-27	R-F	THANKSGIVING HOLIDAYS: University Closed
	29	U	Residence Halls open: 1:00 p.m.
	30	M	Food Service opens, night meal
	30	M	International Student Orientation: 8:30 a.m., Tolliver Hall 229
Dec	1	T	WINTER QUARTER 2020 BEGINS
	1	T	General Registration/Fee Payment (for all new/readmitted students & those continuing students who did not complete early registration & fee payment): 8:15 am –6:00 pm (KEEH 207 & KEEH 103)
	1	T	Math Placement Exam: 1:00 p.m., GTMH 311
	1	T	Foreign Language Placement Exam: SPANISH @ 9:00 a.m.; FRENCH @ 2:00 p.m., GTMH 227
	1	T	2nd Schedule Purge for students who have not confirmed or paid 6:00 p.m.
	2	W	CLASSES BEGIN
	2	W	Late Registration and Drop/Add begins.
	4	F	Late Registration ends: last day for Drop/Add and “no-grade” drops
	18	F	Last day to register for Winter graduation. (F, Wk 3)
	18	F	CHRISTMAS HOLIDAYS BEGIN @ end of classes: University Closes
	18	F	Residence Halls close: 7:00 p.m.
	18	F	Food Service closes after night meal
Jan 2021	3	U	Residence Halls open: 1:00 p.m.
	3	U	Food Service opens, night meal
	4	M	CHRISTMAS HOLIDAYS END. Classes resume @ 8:00 a.m.
	8	F	Deadline for completing “I” grade work from Fall (F, Wk 4)
	15	F	Deadline for faculty submission of “I” grade changes from Fall (F, Wk 5)
	18	M	ML KING, JR. Birthday Observance: University Closed
	19	T	ML KING, JR. Birthday Observance ends. Classes resume @ 8:00 a.m.
Feb	1	M	Advising begins for currently enrolled students
	5	F	Last day to drop courses or resign with “W” grades (“F” grades after this date) (F, Wk 8)
Feb-Mar	8-3	M-W	Advising, Early Web Registration, Early Schedule Adjustment (Drop/Add), Early Web Fee Payment for Spring Qtr. 2021: Veterans, Honors Program Students, and Graduate Students: M, Feb 8 thru W, Mar 3 Seniors: T, Feb 9 thru W, Mar 3 Juniors: R, Feb 11 thru W, Mar 3 Sophomores: R, Feb 18 thru W, Mar 3 Freshmen: M, Feb 22 thru W, Mar 3 BOSS Hours: See URL: https://boss.latech.edu/ BOSS Self-Help Registration Center (KEEH 207) Hours: M–F: 8:15 am to 12:00 pm/12:30 pm to 4:45 pm 1st Purge for Spring: W, Mar 3, 5:00 p.m.
	12	F	Mardi Gras Holiday begins @ end of classes/Food Service closes after night meal
	15-16	M-T	Mardi Gras Holiday: University Closed
	17	W	University Offices Reopen – No Classes
	17	W	Food Service opens, night meal
	18	R	Mardi Gras Holiday Ends: Classes resume @ 8:00 a.m.
Mar	2	T	Degree candidate grades due on Faculty BOSS
	2	T	LAST DAY OF CLASSES
	2	T	Food Service closes after night meal.
	3	W	Residence Halls close: 12:00 noon
	3	W	1st Schedule Purge for students who have not confirmed or paid: 5:00 p.m.
	4	R	All other grades due on Faculty BOSS
	5	F	Grades “live” on Student BOSS
	6	S	Winter Commencement Exercises, Thomas Assembly Center: 10:00 a.m.
	6	S	WINTER QUARTER 2021 ENDS

Developed by: University Registrar

Council of Academic Deans (CADs): First Draft Reviewed **3-21-2018**; Second Draft Reviewed ____; Implementation Approved ____

President's Administrative & Planning Council (APC): First Draft Reviewed **3-26-2018**; Second Draft Reviewed ____; Implementation Approved ____

A/O: February 5, 2018 (C1); April 11, 2018 (C2)

SPRING QUARTER 2021 (TERM 213)

Dec	1	T	International Admissions: applications and transcripts due for all new International Students
Feb	1	M	Undergraduate Admissions: applications for admission or readmission due in Admissions Office
Mar	3	W	1st Schedule Purge for students who have not confirmed or paid: 5:00 p.m.
	7	U	Residence Halls open: 1:00 p.m.
	8	M	New students (freshmen & transfer) that have been admitted & advised may register & pay tuition/fees. This includes readmitted students.
	8	M	Food Service opens, night meal
	8	M	International Student Orientation: 8:30 a.m., Tolliver Hall 229
	9	T	SPRING QUARTER 2021 BEGINS
	9	T	General Registration/Fee Payment (for all new/readmitted students & those continuing students who did not complete early registration & fee payment): 8:15 am –6:00 pm (KEEH 207 & KEEH 103)
	9	T	Math Placement Exam: 1:00 p.m., GTMH 311
	9	T	Foreign Language Placement Exam: SPANISH @ 9:00 a.m.; FRENCH @ 2:00 p.m., GTMH 227
	9	T	2nd Schedule Purge for students who have not confirmed or paid 6:00 p.m.
	10	W	CLASSES BEGIN
	10	W	Late Registration and Drop/Add begins
	12	F	Late Registration ends: last day for Drop/Add and “no grades” drops
	26	F	Last day to register for Spring graduation (F, Wk 3)
Apr	1	R	Deadline for completing “I” grade work from Winter (F, Wk 4)
	1	R	EASTER HOLIDAY BEGINS @ end of classes: University Closes/Food Service closes after night meal.
	5	M	EASTER HOLIDAY ENDS. Classes resume @ 5:00 p.m.
	5	M	Food Service opens, night meal
	9	F	Deadline for faculty submission of “I” grade changes from Winter (F, Wk 5)
	26	M	Advising begins for currently enrolled students
	30	F	Last day to drop courses or resign with “W” grades. (“F” grades after this date) (F, Wk 8)
May	3-21	M-F	<p><u>Early Web Registration, Early Schedule Adjustment (Drop/Add), Early Web Fee Payment for Summer & Fall Quarter 2021:</u></p> <p>Veterans, Honors Program Students and Graduate Students: M, May 3 thru F, May 21 Seniors: T, May 4 thru F, May 21 Juniors: R, May 6 thru F, May 21 Sophomores: M, May 10 thru F, May 21 Freshmen: W, May 12 thru F, May 21</p> <p><u>BOSS Hours:</u> See URL: https://boss.latech.edu/</p> <p><u>BOSS Self-Help Registration Center (KEEH 207) Hours:</u> M–F: 8:15 am to 12:00 pm/12:30 pm to 4:45 pm</p> <p><u>1st Purge for Summer:</u> F, May 21, 5:00 p.m.</p> <p><u>1st Purge for Fall:</u> M, August 30, 5:00 p.m.</p>
	18	T	Degree candidate grades due on Faculty BOSS
	21	F	LAST DAY OF CLASSES
	21	F	Food Service closes after night meal.
	22	S	Residence Halls close 12:00 noon
	22	S	<p>Spring Commencement Exercises, Thomas Assembly Center: 10:00 AM: College of Education // College of Liberal Arts 5:00 PM: College of Applied & Natural Sciences // College of Business // College of Engineering & Science</p>
	22	S	SPRING QUARTER 2021 ENDS
	25	T	All other grades due on Faculty BOSS
	26	W	Grades “live” on Student BOSS

Developed by: University Registrar

Council of Academic Deans (CADs): First Draft Reviewed **3-21-2018**; Second Draft Reviewed _____; Implementation Approved _____

President’s Administrative & Planning Council (APC): First Draft Reviewed **3-26-2018**; Second Draft Reviewed _____; Implementation Approved _____

A/O: February 5, 2018 (C1); April 11, 2018 (C2)

SUMMER QUARTER 2021 (TERM 214)- Draft (2)

Mar 1	M	International Admissions: applications and transcripts due for all new International Students
May 1	S	Undergraduate Admissions: applications for admission or readmission due in Admissions Office
21	F	1st Schedule Purge for Students who have not confirmed or paid 5:00 p.m.-Summer
24	M	General Registration/Fee Payment (for all new/readmitted students & those continuing students who did not complete early registration & fee payment)
31	M	MEMORIAL DAY HOLIDAY Observed: University Closed
Jun 1	T	Residence Halls open: 1:00 p.m.
1	T	Food Service opens, night meal
2	W	International Student Orientation: 8:30 a.m. Tolliver Hall 229
2	W	SUMMER QUARTER 2021 BEGINS
2	W	Math Placement Exam: 1:00 p.m. GTMH 311
2	W	2nd Schedule Purge for Students who have not confirmed or paid (12-week and 1st Summer Session) 5:00 p.m.
3	R	CLASSES BEGIN: 12-week & first 6-week session
3	R	Late Registration and Drop/Add begins.
7	M	Late Registration ends: last day for Drop/Add and "no-grade" drops: 12-week & first 6-week session
14	M	CLASSES BEGIN: First 3-week session (Sections 38-39)
**	**	Last day to drop courses or resign with "W" grades ("F" grades after this date) ** See Drop Dates in online Academic Calendar**
18	F	Last day to register for Summer graduation. (F, Wk 3)

Jul 2	F	CLASSES END: First 3-week session (Sections 38-39)
2	F	INDEPENDENCE DAY HOLIDAY begins @ end of classes.
5	M	INDEPENDENCE DAY HOLIDAY Observed: University Closed/Food Service closed
6	T	CLASSES RESUME: 12-week & first 6-week session
8	R	CLASSES END: First 6-week session (Sections 30-37)
12	M	CLASSES BEGIN: Second 6-week session (Sections 60-67)
12	M	CLASSES BEGIN: Second 3-week session (Sections 68-69)
12	M	Late Registration and Drop/Add begins: second 3- & 6-week sessions only.
13	T	Late Registration ends: last day for Drop/Add and "no-grade" drops: second 3- & 6-week sessions only.
13	T	3rd Schedule Purge for Students who have not confirmed or paid (registered for 2nd Session only) 4:30 p.m.
14	W	Grades for first 6-week and 3-week session classes (Sections 30-39) due on Faculty BOSS by 3:30 p.m. (W, Wk 7)
30	F	CLASSES END: Second 3-week session (Sections 68-69)
Aug 13	F	Degree candidate grades due on Faculty BOSS
13	F	LAST DAY OF CLASSES: 12-week and second 6-week session
13	F	Food Service closes: 2:00 P.M.
14	S	Residence Halls close: 12:00 noon
17	T	All other grades due on Faculty BOSS
18	W	Grades "live" on Student BOSS
19	R	Summer Commencement Exercises, Thomas Assembly Center: 10:00 a.m.

	19	R	SUMMER QUARTER 2020 ENDS	
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LOUISIANA TECH
UNIVERSITY®

Louisiana Tech University
2019-2020 International Student Health Plan

Group No: ST1040SH
Policy No: CCIC1920LASHIP74

Dear Students:

We are pleased to provide you with this summary of the Student Health Plan for Louisiana Tech University. This plan is fully compliant with the Affordable Care Act.

Who Is Eligible To Enroll?

All registered International students and Scholars taking at least 1 credit are required to have health insurance.

All International students and scholars and have a current passport and an F-1, or J-1 Visa and are temporarily residing outside their home country while actively engaged in education, educational activities or research related activities are required to have health insurance coverage.

A student who is an optional Practical Training student and maintains a valid F-1 Visa, may be considered eligible for coverage for a period of time no longer than twelve (12) months following graduation. The student must still be considered a student of Louisiana Tech University.

A student who is on a 24-month STEM extension work period while maintaining a valid F-1 Visa, may be considered eligible for coverage for a period of time no longer than twenty-four (24) months following graduation. The student must still be considered a student of Louisiana Tech University.

How Do I Enroll?

If You are eligible to be covered under this Program, You are automatically enrolled, unless You waive coverage.

STEM, OPT, Bridge F-1 and J-1 Scholars are eligible to enroll on the plan on a voluntary basis by visiting our website at www.wellfleetstudent.com. These covered Students/Scholars may also purchase coverage for eligible dependents who reside with the Student/Scholar.

How Do I Waive Coverage?

If you have other insurance coverage that meets Louisiana Tech's requirements, you may be eligible for a waiver. Please contact the International Student Office by phone at (318) 257-4321, or by email at iso@latech.edu.

Enrollment Period Deadline Dates

Annual/Fall	September 28, 2019
Fall	September 28, 2019

Cost and Period of Coverage

	Annual 8/29/19- 8/28/20	Fall 8/29/19- 11/30/19	Winter 12/1/19- 2/29/20	Spring 3/1/20- 5/31/20	Summer 6/1/20- 8/28/20
Student	\$1,600	\$400	\$400	\$400	\$400
Dependent Rates are in addition to the student rate					
Spouse	\$1,600	\$400	\$400	\$400	\$400
Each Child	\$1,600	\$400	\$400	\$400	\$400
3 or more Children	\$4,800	\$1,200	\$1,200	\$1,200	\$1,200

HEALTH INSURANCE BENEFIT SUMMARY*

BENEFIT	NETWORK	NON-NETWORK
Benefit Maximum	Unlimited	
Annual Deductible	\$300 per Individual	\$600 per Individual
Out-of-Pocket Maximum	\$7,900 Individual \$15,800 Family	\$7,900 Individual \$15,800 Family
Coinsurance	100% of NC	75% of U&C
Preventive Care	100% of NC (no cost sharing)	75% of U&C
Hospital Room & Board (Inpatient)	100% of NC	75% of U&C
Surgery (Inpatient or Outpatient)	100% of NC	75% of U&C
In Office Physician Visit	100% of NC after \$25 copay per visit	75% of U&C after \$25 copay per visit
Consultant/Specialist Physician Services	100% of NC after \$25 copay per visit	75% of U&C after \$25 copay per visit
Emergency Services Expense	100% of NC, after \$150 copay per visit	Paid the same as In-Network Provider subject to Usual and Customary Charge.
Diagnostic X-ray & Laboratory	100% of NC	75% of U&C
Mental Health and Substance Abuse	Same as any other Covered Sickness	Same as any other Covered Sickness
Student Health Center/Infirmary	100% U&C for Covered Medical Expenses Deductible Waived	
Outpatient Prescription Drugs (Copay per drug; deductible waived; no cost sharing for ACA preventive care medications)	100% of NC after: \$20 copay Generic \$50 copay Preferred Brand \$75 copay non-Preferred Brand \$75 copay Specialty (per month for each drug up to a 30-day supply of any single drug)	75% of AC after: \$20 copay Generic \$50 copay Preferred Brand \$75 copay non-Preferred Brand \$75 copay Specialty (per month for each drug up to a 30-day supply of any single drug)

NC= Negotiated Charge U&C=Usual and Customary AC= Actual Charge

*This is only a brief description of the coverage(s) available under Certificate form LA SHIP CERT (2019). The Certificate will contain the reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

**Precertification is required for Inpatient Hospital, Surgery and selected Outpatient Services. All inpatient confinements require pre-certification. The phone number can be found on the back of the Insured's ID card. The call should be made prior to Hospital Confinement. In the case of an emergency, the call should take place as soon as reasonably possible

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Principle Sum for Double Dismemberment or Loss of Life \$10,000
Loss must occur within 180 days for the date of a covered Accident.

Underwritten By:
Commercial Casualty Insurance Company

Plan Administrator:
Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115
wellfleetstudent.com
(877) 657-5030

Servicing Agent:
Student Assurance Services, Inc.
333 North Main Street
P.O. Box 196
Stillwater, MN 55082
(800) 328-2739
dianam@sas-mn.com

Where Can I Obtain More Information About The Plan?	
Insurance Benefits Enrollment Waiver	Wellfleet Group 877-657-5030 or www.wellfleetstudent.com
Claims Processing ID Cards Preferred Provider Listings ID card Requests	Wellfleet Group 877-657-5030 or www.wellfleetstudent.com
Find Network Provider	Wellfleet Group or www.cigna.com
Find Prescription Drug Provider	Wellfleet Group or www.cigna.com

The following Value-Added Services are not part of the Policy and are not underwritten by Commercial Casualty Insurance Company. The services are provided by Independent vendors and are included if the student participates in the student health plan.

- Vision discount program through Davis Vision
- Medical travel assistance through Travel Guard
- 24-hour nurse line
- 24-hour behavioral health hotline through CareConnect

EXCLUSIONS AND LIMITATIONS

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care Act or any state-imposed requirements will be administered to comply with the requirements of the federal or state guideline, whichever is more favorable to You.

The Certificate does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of the Certificate and as shown in the Schedule of Benefits.

1. **International Students Only** - Eligible expenses within Your Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which You could be eligible.
2. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the Student Health Center or by Your attending Physician or dentist.
3. Medical services rendered by a provider employed for or contracted with the Policyholder, including team physicians or trainers, except as specifically provided in the Schedule of Benefits or as part of the Student Health Center benefits provided by this plan.
4. Professional services rendered by an Immediate Family Member or anyone who lives with You.
5. Routine foot care, including the paring or removing of corns and calluses, or trimming of nails, unless these services are determined to be Medically Necessary because of Injury, infection or disease.
6. Infertility treatment (male or female)-this includes but is not limited to:
 - Procreative counseling;
 - Premarital examinations;
 - Genetic counseling and genetic testing;
 - Impotence, organic or otherwise;
 - Injectable infertility medication, including but not limited to menotropins, hCG and GnRH agonists;
 - In vitro fertilization, gamete intrafallopian tube transfers or zygote intrafallopian tube transfers;
 - Costs for an ovum donor or donor sperm;
 - Sperm storage costs;
 - Cryopreservation and storage of embryos;
 - Ovulation induction and monitoring;
 - Artificial insemination;
 - Hysteroscopy;
 - Laparoscopy;
 - Laparotomy;
 - Ovulation predictor kits;
 - Reversal of tubal ligations;
 - Reversal of vasectomies;
 - Costs for and relating to surrogate motherhood (maternity services are Covered for Members acting as surrogate mothers);
 - Cloning; or
 - Medical and surgical procedures that are experimental or investigational, unless Our denial is overturned by an External Appeal Agent.
7. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
8. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services

- covered by Student Health Fees.
9. Any expenses in excess of Usual and Customary Charges except as provided in the Certificate.
 10. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
 11. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority.
 12. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate or club sports for which benefits are paid under another Sports Accident policy issued to the Policyholder; or for which coverage is provided by the National Collegiate Athletic Association (NCAA), National Association of Intercollegiate Athletic (NAIA) or any other sports association per Accident.
 13. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
 14. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which You are required to pay.
 15. Services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
 16. Expenses payable under any prior policy which was in force for the person making the claim.
 17. Injury sustained as the result of Your operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
 18. Expenses incurred after:
 - o The date insurance terminates as to an Insured Person, except as specified in the extension of benefits provision; and
 - o The end of the Policy Year specified in the Policy.
 19. Elective Surgery or Elective Treatment unless such coverage is otherwise specifically covered under the Certificate.
 20. Charges incurred for acupuncture, in any form, except to the extent provided in the Schedule of Benefits.
 21. Weight management. Weight reduction. Nutrition programs. This does not apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Services benefit, or otherwise specifically covered under the Certificate.
 22. Treatment for obesity Surgery for removal of excess skin or fat.
 23. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
 24. Expenses for radial keratotomy.
 25. Adult Vision unless specifically provided in the Certificate.
 26. Charges for duplicate spare eyeglasses, lenses or frames, non-prescription lenses or contact lenses that are for cosmetic purposes.
 27. Charges for hearing exams, hearing screening, and the fitting or repair or replacement of hearing aids or cochlear implants except as specifically provided in the Certificate.
 28. Racing or speed contests, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.
 29. Surgery or related services for cosmetic purposes to improve appearance, except to restore bodily function or correct deformity resulting from disease, or trauma.
 30. Treatment to the teeth, including orthodontic braces and orthodontic appliances, unless otherwise covered under the Pediatric Dental Care Benefit.
 31. Extraction of impacted wisdom teeth or dental abscesses.
 32. Treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Certificate definition of same.
 33. Elective abortions.
 34. Custodial Care service and supplies.
 35. Charges for hot or cold packs for personal use.
 36. Braces and appliances used as protective devices during a student's participation in sports. Replacement braces and appliances are not covered.
 37. Services of private duty Nurse except as provided in the Certificate.
 38. Expenses that are not recommended and approved by a Physician.
 39. Routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, donor services if the recipient is not an Insured Person under this plan, or services for or related to the transplantation of animal or artificial organs or tissues.
 40. Cosmetic procedures related to Gender Reassignment including but not limited to rhinoplasty, face lift, facial bone reduction, lip enhancement or reduction, blepharoplasty, breast augmentation, body contouring, reduction thyroid chondroplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants. This exclusion does not apply to breast reconstruction after mastectomy
 41. Sleep Disorders, except for the diagnosis and treatment of obstructive sleep apnea.
 42. Treatment of Acne unless Medically Necessary.
 43. Experimental or Investigational drugs, devices, treatments or procedures unless otherwise covered under Covered Clinical Trials or covered under clinical trials (routine patient costs). See the Other Benefits section for more information.
 44. Under the Prescription Drug Benefit shown in the Schedule of Benefits:
 - o any drug or medicine which does not, by federal or state law, require a prescription order, i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided under Preventive Services or in the Prescription Drug Benefit section of this Certificate. Insulin and OTC preventive medications required under ACA are exempt from this exclusion;
 - o drugs with over-the-counter equivalents except as specifically provided under Preventive Services;
 - o allergy sera and extracts administered via injection;

- any drug or medicine for the purpose of weight control;
 - fertility drugs;
 - sexual enhancements drugs;
 - vitamins, and minerals, except as specifically provided under Preventive Services;
 - food supplements, dietary supplements; except as specifically provided in the Certificate;
 - cosmetic drugs or medicines, including but not limited to, products that improve the appearance of wrinkles or other skin blemishes;
 - refills in excess of the number specified or dispensed after 1 year of date of the prescription;
 - drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
 - any drug or medicine purchased after coverage under the Certificate terminates;
 - any drug or medicine consumed or administered at the place where it is dispensed;
 - if the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
 - bulk chemicals;
 - non-insulin syringes, surgical supplies, durable medical equipment/medical devices, except as specifically provided in the Prescription Drug Benefit section of the Certificate;
 - repackaged products;
 - blood components except factors;
 - immunology products.
45. Non-chemical addictions.
 46. Non-physical, occupational, speech therapies (art, dance, etc.).
 47. Modifications made to dwellings.
 48. General fitness, exercise programs.
 49. Hypnosis.
 50. Rolfing.
 51. Biofeedback

Attachment 3: Utilization Report

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THIS REPORT PACKAGE CONTAINS BOTH PROPRIETARY AND PROTECTED HEALTH INFORMATION.



Monthly Report Package

for

Louisiana Tech University

Plan Years Compared 2018 VS. 2019

December 2019

MEDICAL COST PER MEMBER (Through Report Date)
MEDICAL COMPARISON REPORT (Through Report Date)
HIGH DOLLAR CLAIMANTS
TOP PROVIDERS
TOP DIAGNOSES

PREPARED January 15, 2020

CONFIDENTIAL

ST1040SH

**Louisiana Tech University
Medical Cost Per Member**

Data as of December 31, 2019

All Plans

Based on equivalent time periods for each policy year.

Includes voided claims

	Paid Claim Amounts			Paid Claims Per Member			Book of Business Paid Claims Per Member
	2018	2019	% Change	2018	2019	% Change	2018
Health Center	\$0	\$0	0%	\$0	\$0	0%	\$33
Behavioral Health	\$360	\$9,679	2586%	\$1	\$33	2305%	\$41
Lab/Imaging	\$17,742	\$4,639	-74%	\$67	\$16	-77%	\$40
Surgery	\$1,132	\$0	-100%	\$4	\$0	-100%	\$10
Emergency Services	\$31,169	\$4,851	-84%	\$118	\$16	-86%	\$46
All Other Inpatient	\$4,352	\$4,577	5%	\$16	\$15	-6%	\$21
All Other Outpatient	\$40,713	\$11,042	-73%	\$154	\$37	-76%	\$109
Pharmacy	\$21,265	\$9,209	-57%	\$80	\$31	-61%	\$129
Grand Total	\$116,732	\$43,997	-62%	\$440	\$149	-66%	\$429

Average Daily Membership 2018: 265

Average Daily Membership 2019: 296

Average Daily Membership Change: 12%



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**Louisiana Tech University
Medical Comparison Report**

Data as of December 31, 2019
Includes voided claims

All Plans

Based on policy respective start dates, paid through December 31, 2019.

	Claimants		Services		Paid Claims Amount		Paid Claims Amount per Claimant		Paid Claims Amount per Service		% of Plan Payments	
	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
Health Center												
Health Center	0	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%	0.00%
Category Total	0	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%	0.00%
Inpatient												
Behavioral Health	1	1	4	1	\$3,537	\$9,154	\$3,537	\$9,154	\$884	\$9,154	0.77%	20.80%
Lab/Imaging	3	0	26	0	\$7,773	\$0	\$2,591	\$0	\$299	\$0	1.69%	0.00%
Maternity	4	1	49	8	\$20,171	\$4,517	\$5,043	\$4,517	\$412	\$565	4.40%	10.27%
Other Misc IP	6	1	85	1	\$24,433	\$80	\$4,072	\$60	\$287	\$60	5.33%	0.14%
Room & Board	3	0	7	0	\$35,422	\$0	\$11,807	\$0	\$5,060	\$0	7.72%	0.00%
Surgery	0	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%	0.00%
Category Total	17	3	171	10	\$91,336	\$13,731	\$5,373	\$4,577	\$534	\$1,373	19.91%	31.21%
Outpatient												
Behavioral Health	9	5	42	13	\$2,110	\$525	\$234	\$105	\$50	\$40	0.46%	1.19%
Chemo/Radiation	0	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%	0.00%
Emergency Services	24	3	223	28	\$87,235	\$4,851	\$3,635	\$1,617	\$391	\$173	19.02%	11.03%
Immunizations/Injections	12	8	32	19	\$1,900	\$709	\$158	\$89	\$59	\$37	0.41%	1.61%
Lab/Imaging	72	20	516	71	\$52,940	\$4,639	\$735	\$232	\$103	\$65	11.54%	10.54%
Maternity	6	3	99	10	\$9,260	\$606	\$1,543	\$202	\$94	\$61	2.02%	1.38%
Office Visits	76	33	188	55	\$11,130	\$1,952	\$146	\$59	\$59	\$35	2.43%	4.44%
Other Misc OP	63	16	257	28	\$44,485	\$2,292	\$706	\$143	\$173	\$82	9.70%	5.21%
Physiotherapy	9	2	249	31	\$9,954	\$350	\$1,106	\$175	\$40	\$11	2.17%	0.80%
Surgery	46	8	98	17	\$41,268	\$4,328	\$897	\$541	\$421	\$255	9.00%	9.84%
Urgent Care	2	2	4	2	\$14	\$33	\$7	\$16	\$4	\$16	0.00%	0.08%
Wellness	29	9	46	14	\$3,796	\$772	\$131	\$86	\$83	\$55	0.83%	1.75%
Category Total	348	109	1,754	288	\$264,092	\$21,058	\$759	\$193	\$151	\$73	57.58%	47.86%
Pharmacy												
Other Pharmacy	38	7	143	22	\$9,959	\$216	\$262	\$31	\$70	\$10	2.17%	0.49%
PBM Pharmacy	84	44	504	139	\$93,264	\$8,993	\$1,110	\$204	\$185	\$65	20.33%	20.44%
Category Total	122	51	647	161	\$103,223	\$9,209	\$846	\$181	\$160	\$57	22.51%	20.93%
Grand Total	487	163	2,572	459	\$458,652	\$43,997	\$942	\$270	\$178	\$96	100.00%	100.00%



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**Louisiana Tech University
High Dollar Claimant(s)**

Plan Year: 2018
Data as of December 31, 2019
Includes voided claims

All Plans

Claimants Exceeding \$50,000 in Paid Claims

Relationship	Paid Amount	Inpatient Amount	Outpatient Amount	RX Amount	Highest Paid Diagnosis
Member	\$60,609	\$55,691	\$3,502	\$1,416	EPIDURAL HEMORRHAGE W LOC OF 30 MINUTES OR LESS, INIT
Member	\$60,201	\$0	\$130	\$60,071	PRESCRIPTION DRUGS
	\$120,810	\$55,691	\$3,632	\$61,487	

High Dollar Claims as % of Total is 26.34%



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*Louisiana Tech University
High Dollar Claimant(s)*

Plan Year: 2019
Data as of December 31, 2019
Includes voided claims

All Plans

Claimants Exceeding \$50,000 in Paid Claims

Relationship	Paid Amount	Inpatient Amount	Outpatient Amount	RX Amount	Highest Paid Diagnosis
	\$0	\$0	\$0	\$0	
	\$0	\$0	\$0	\$0	

High Dollar Claims as % of Total is 0.00%



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Louisiana Tech University
Top Providers

Plan Year: 2018
Data as of December 31, 2019
Includes voided claims

All Plans

Provider	Paid	Claimants	Services	% to Total
GREEN CLINIC LLC	\$86,955	89	813	18.96%
RUSTON LOUISIANA HOSPITAL COMP	\$82,813	27	369	18.06%
NORTHERN LA EMERGENCY PHYS LLP	\$33,659	19	51	7.34%
UNIVERSITY HEALTH SHREVEPORT L	\$27,826	1	29	6.07%
CLHG MINDEN LLC	\$27,692	1	1	6.04%
UNIVERSITY OF TEXAS MD ANDERSON	\$19,758	1	46	4.31%
RED RIVER SURGERY CENTER LLC	\$13,399	1	10	2.92%
PHYSICIANS REFERRAL SERVICE	\$7,429	1	12	1.62%
ARENA ANESTHESIA LLC	\$5,899	9	16	1.29%
PAFFORD EMERGENCY MED SERVICES	\$5,445	1	5	1.19%
SOUTHERN HILLS MED CTR	\$5,361	1	20	1.17%
AMERICAN SPECIALTY PHYSICAL ME	\$4,116	5	113	0.90%
NESS HEALTHCARE NFP	\$3,300	1	1	0.72%
THE DELTA PATHOLOGY GROUP LLC	\$2,446	15	33	0.53%
RADIOLOGY CONSULTANTS	\$1,982	15	22	0.43%
RED SPRUCE EMERGENCY PHYS PLLC	\$1,882	1	2	0.41%
LSU HEALTH SCIENCES CENTER	\$1,824	2	29	0.40%
WOMANS CLINIC OF MONROE AMC	\$1,823	5	23	0.40%
MEDICAL CENTER ANESTHESIOLOGIS	\$1,756	1	3	0.38%
HIGHLAND CLINIC APMC	\$1,634	1	7	0.36%
UNION GENERAL RURAL HEALTH	\$1,317	1	9	0.29%
THE VISUAL DIFFERENCE LLC	\$1,040	6	27	0.23%
TRINIDAD AREA HLTH ASSOCIATION	\$906	1	2	0.20%
WK REGIONAL PERINATAL GROUP	\$892	1	4	0.19%
ASTHEMA AND ALLERGY CENTER	\$825	1	5	0.18%
	\$341,978	207	1,652	74.56%

Note: Providers are identified by the unique Tax Id Number. Student Health Centers and PBM's are excluded from this report. This report will contain up to 25 providers.
Top 25 Provider Claims as % of Total is 74.56%



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**Louisiana Tech University
Top Providers**

Plan Year: 2019

Data as of December 31, 2019

All Plans

Includes voided claims

Provider	Paid	Claimants	Services	% to Total
GREEN CLINIC LLC	\$9,355	39	135	21.26%
SOLUTIONS MEDICAL CONSULTING	\$9,241	1	2	21.00%
RUSTON LOUISIANA HOSPITAL COMP	\$5,480	5	47	12.45%
PHYSICIANS REFERRAL SERVICE	\$1,893	1	3	4.30%
UNIVERSITY OF TEXAS MD ANDERSON	\$1,873	1	8	4.26%
ARENA ANESTHESIA LLC	\$1,725	2	5	3.92%
NORTHERN LA EMERGENCY PHYS LLP	\$1,101	1	1	2.50%
THE VISUAL DIFFERENCE LLC	\$481	5	11	1.09%
ARK LA TEX FERTILITY AND REPO	\$374	1	6	0.85%
CAPITOL PHYSICAL THERAPY LLC	\$350	1	29	0.80%
THE DELTA PATHOLOGY GROUP LLC	\$347	3	5	0.79%
K DERMATOLOGY PLLC	\$330	1	4	0.75%
A PLUS MEDICAL OF RUSTON LLC	\$312	1	12	0.71%
MYRIAD WOMENS HEALTH INC	\$242	1	1	0.55%
CARECENTRIX INC	\$217	1	1	0.49%
PAUL MEIER CLINIC PA	\$196	1	3	0.45%
ARUNA GULLAPALLI MD APMC	\$188	1	3	0.43%
DAVID J WILLIAMS PHD	\$182	1	3	0.41%
CAPITAL HEALTH MEDICAL GROUP	\$167	1	1	0.38%
WOMANS CLINIC OF MONROE AMC	\$157	1	3	0.36%
WILLIS KNIGHTON MEDICAL CENTER	\$139	1	5	0.32%
SAGIS PLLC	\$85	1	1	0.19%
LABORATORY CORP OF AMERICA	\$75	1	4	0.17%
LEGACY URGENT CARE PA	\$33	1	1	0.08%
DERMATOLOGISTS OF SOUTHWEST OH	\$20	1	2	0.05%
	\$34,564	74	296	78.56%

Note: Providers are identified by the unique Tax Id Number. Student Health Centers and PBM's are excluded from this report. This report will contain up to 25 providers.
Top 25 Provider Claims as % of Total is 78.56%



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**Louisiana Tech University
Diagnosis**

Plan Year: 2018
Data as of December 31, 2019
Includes voided claims

All Plans

Diagnosis Grouping	Diagnosis	Paid Amount	Inpatient Paid Amount	Outpatient Paid Amount	Claimants	% to Total
A00 - B99	Infectious and parasitic diseases	\$1,219	\$0	\$1,219	4	0.27%
C00 - D49	Neoplasms	\$4,032	\$0	\$4,032	4	0.88%
D50 - D89	Blood and immune diseases	\$4,942	\$0	\$4,942	2	1.08%
E00 - E90	Endocrine, nutritional and metabolic diseases	\$32,304	\$646	\$31,658	9	7.04%
F01 - F99	Mental and behavioral disorders	\$7,528	\$3,537	\$3,992	10	1.64%
G00 - G99	Diseases of the nervous system	\$11,635	\$0	\$11,635	5	2.54%
H00 - H59	Diseases of the eye and adnexa	\$9,822	\$10	\$9,812	17	2.14%
H60 - H95	Diseases of the ear and mastoid process	\$997	\$0	\$997	2	0.22%
I00 - I99	Diseases of the circulatory system	\$3,943	\$2,685	\$1,257	1	0.86%
J00 - J99	Diseases of the respiratory system	\$5,465	\$221	\$5,244	19	1.19%
K00 - K99	Diseases of the digestive system	\$17,006	\$9,248	\$7,758	11	3.71%
L00 - L99	Diseases of the skin and subcutaneous tissue	\$10,429	\$107	\$10,322	16	2.27%
M00 - M99	Diseases of the musculoskeletal system and connective tissue	\$22,104	\$151	\$21,952	16	4.82%
N00 - N99	Diseases of the genitourinary system	\$24,980	\$791	\$24,189	20	5.45%
O00 - O9A	Pregnancy, childbirth and the puerperium	\$32,304	\$21,719	\$10,585	4	7.04%
P00 - P96	Certain conditions originating in the perinatal period	\$0	\$0	\$0	0	0.00%
Q00 - Q99	Congenital malformations, deformations and chromosomal abnormalities	\$0	\$0	\$0	0	0.00%
R00 - R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere	\$65,483	\$3,194	\$62,289	59	14.28%
S00 - T98	Injury, poisoning and certain other consequences of external causes	\$88,433	\$58,514	\$29,919	10	19.28%
V00 - Y99	External causes of morbidity	\$0	\$0	\$0	0	0.00%
Z00 - Z99	Factors influencing health status and contact with health services	\$14,593	\$0	\$14,593	56	3.18%
	Unclassified	\$8,169	\$474	\$7,695	41	1.78%
	Rx	\$93,264	\$0	\$0	84	20.33%
		\$458,652	\$101,295	\$264,092	390	100%

Note: Diagnoses are recognized by their ICD10 Code



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**Louisiana Tech University
Diagnosis**

Plan Year: 2019
Data as of December 31, 2019
Includes voided claims

All Plans

Diagnosis Grouping	Diagnosis	Paid Amount	Inpatient Paid Amount	Outpatient Paid Amount	Claimants	% to Total
A00 - B99	Infectious and parasitic diseases	\$0	\$0	\$0	0	0.00%
C00 - D49	Neoplasms	\$603	\$0	\$603	4	1.37%
D50 - D89	Blood and immune diseases	\$0	\$0	\$0	0	0.00%
E00 - E90	Endocrine, nutritional and metabolic diseases	\$632	\$0	\$632	2	1.44%
F01 - F99	Mental and behavioral disorders	\$11,059	\$9,154	\$1,905	6	25.14%
G00 - G99	Diseases of the nervous system	\$126	\$0	\$126	2	0.29%
H00 - H59	Diseases of the eye and adnexa	\$44	\$0	\$44	2	0.10%
H60 - H95	Diseases of the ear and mastoid process	\$0	\$0	\$0	0	0.00%
I00 - I99	Diseases of the circulatory system	\$0	\$0	\$0	0	0.00%
J00 - J99	Diseases of the respiratory system	\$2,167	\$0	\$2,167	5	4.93%
K00 - K99	Diseases of the digestive system	\$3,853	\$200	\$3,654	2	8.76%
L00 - L99	Diseases of the skin and subcutaneous tissue	\$244	\$0	\$244	11	0.55%
M00 - M99	Diseases of the musculoskeletal system and connective tissue	\$350	\$0	\$350	3	0.80%
N00 - N99	Diseases of the genitourinary system	\$334	\$0	\$334	4	0.76%
O00 - O9A	Pregnancy, childbirth and the puerperium	\$4,358	\$4,211	\$147	2	9.91%
P00 - P96	Certain conditions originating in the perinatal period	\$58	\$0	\$58	1	0.13%
Q00 - Q99	Congenital malformations, deformations and chromosomal abnormalities	\$0	\$0	\$0	0	0.00%
R00 - R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere	\$7,291	\$16	\$7,275	15	16.57%
S00 - T98	Injury, poisoning and certain other consequences of external causes	\$0	\$0	\$0	0	0.00%
V00 - Y99	External causes of morbidity	\$0	\$0	\$0	0	0.00%
Z00 - Z99	Factors influencing health status and contact with health services	\$3,445	\$305	\$3,140	19	7.83%
	Unclassified	\$440	\$60	\$380	7	1.00%
	Rx	\$8,993	\$0	\$0	44	20.44%
		\$43,997	\$13,947	\$21,058	129	100%

Note: Diagnoses are recognized by their ICD10 Code



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Attachment 4

Louisiana Tech University International Enrollment Count Fall 2019 By Country

Angola	2
Argentina	2
Australia	1
Bangladesh	25
Belgium	2
Bolivia	10
Brazil	4
Bulgara	1
Cameroon	4
Canada	5
Chad	1
Chile	1
China	45
Colombia	4
Cote D'ivoire	14
Croatia	1
Dominica	2
Egypt	2
El Salvador	2
France	5
Germany	2
Ghana	1
Great Britain & Northern	
Ireland	1
Guatemala	1
Haiti	1
Hondurus	4
India	50
Iran	11
Italy	1
Jamaica	1
Japan	3
Jordan	6
Kazakhstan	1
Kenya	1

Kuwait	1
Lebanon	1
Libya	1
Madagascar	4
Mexico	14
Morocco	1
Nepal	42
Netherlands	2
Nigeria	25
Niue	3
Norway	1
Pakistan	1
Peru	1
Philippines	1
Qatar	1
Romania	1
Rwanda	1
Saudi Arabia	31
Serbia	1
Sierra Leone	1
Slovakia	1
South Africa	2
South Korea	2
Spain	3
Sri Lanka	10
Sweden	2
Taiwan	3
Tajikistan	1
Thailand	3
Trinidad & Tobago	1
Uganda	1
Ukraine	1
United Kingdom	3
Venezuela	1
Vietnam	10
Grand Total	395

LOSS INFORMATION FOR THE
YEARS 2017-2018 AND
2019-2020

AND

2017-2020 PREMIUM PAID AND
STUDENT ENROLLMENT
COUNT

Standard School Report

School Name
LOUISIANA TECH UNIVERSITY

Plan Year
2017

Report Type
Life to Date

Enrollment Dashboard

Medical Cost Per Member

Medical Cost Comparison

High Dollar Claims

Top Provider

Diagnosis

Age Bracket

LOUISIANA TECH UNIVERSITY

WELLFLEET BOOK

LOUISIANA TECH UNIVERSITY

WELLFLEET BOOK

Grand Total \$342,160 100.0%

Behavioral Health \$12,076 3.5%

Chemo/Radiation \$0 0.0%

Emergency Services \$50,858 14.9%

Health Center \$0 0.0%

Immunizations/Inje... \$790 0.2%

Lab/Imaging \$85,793 25.1%

Maternity \$3,008 0.9%

Office Visits \$6,143 1.8%

Other Misc IP \$39,942 11.7%

Other Misc OP \$12,920 3.8%

Other Pharmacy \$56,575 16.5%

PBM Pharmacy \$34,269 10.0%

Physiotherapy \$1,011 0.3%

Room & Board \$20,707 6.1%

Surgery \$14,089 4.1%

Urgent Care \$140 0.0%

Wellness \$3,839 1.1%

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

% of Total Paid Claims by Network and POS

100%

90%

80%

70%

60%

50%

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30%

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% of Total Paid Claims by Network and POS

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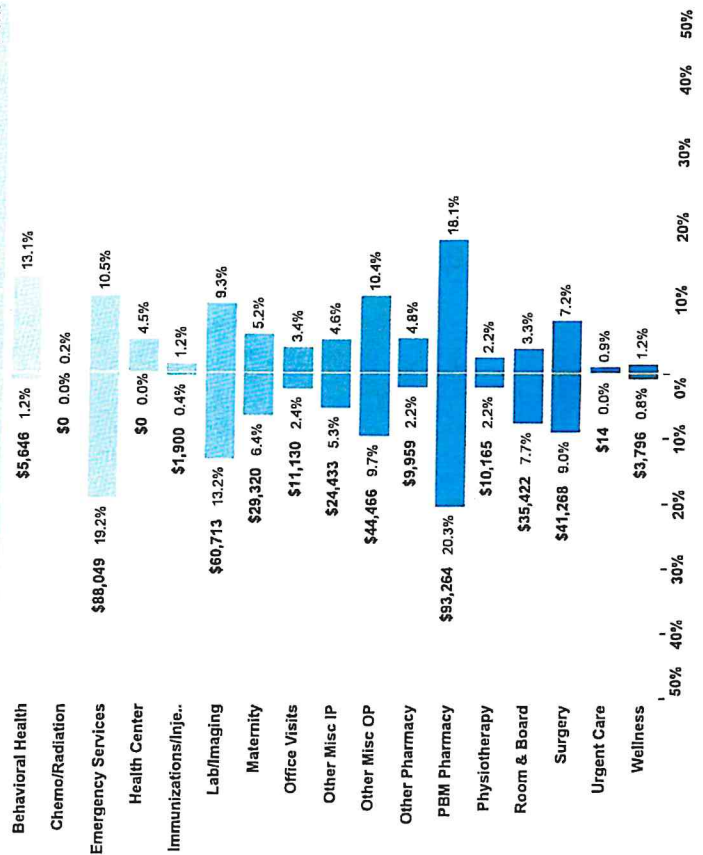
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Standard School Report

Enrollment Dashboard		Claim Dashboard	
School Name	Plan Year	Report Type	Life to Date
LOUISIANA TECH UNIVERSITY	2018		

Medical Cost Per Member	Medical Cost Comparison	HighDollar Claimants	Top Provider	Diagnosis
Utilization Metric	Network Status			Age Bracket
All	All			All

LOUISIANA TECH UNIVERSITY		WELLFLEET BOOK	
Grand Total	\$459,546	100.0%	100.0%



LOUISIANA TECH UNIVERSITY HighDollar

Claimants Exceeding \$50,000 in Paid Claims

2018	2017
\$121,428	\$121,428
\$459,546	\$459,546
16%	16%
2	2

HD Claimants Paid Amount	HD % of Total Claims Paid	HD Claimant Count
Paid		
	30%	40%
	50%	50%

Based on policy effective start dates, paid through 2/28/2020
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Standard School Report

School Name
LOUISIANA TECH UNIVERSITY.. 2019

Plan Year

Enrollment Dashboard
Report Type
Life to Date

Claim Dashboard

Medical Cost
Per Member

Medical Cost
Comparison

HighDollar
Claimants

Top Provider

Diagnosis

Age Bracket

Utilization Metric

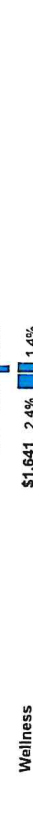
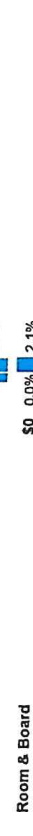
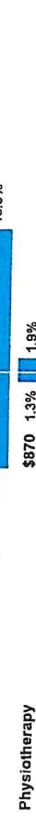
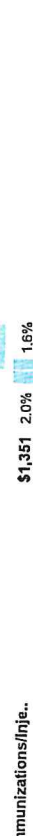
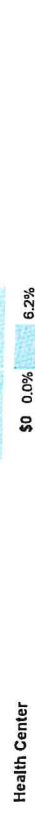
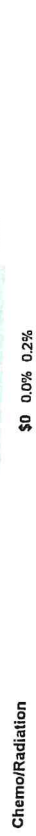
Network Status

All

All

LOUISIANA TECH UNIVERSITY

WELLFLEET BOOK

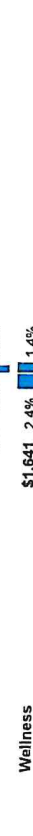
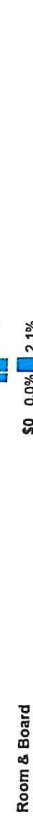
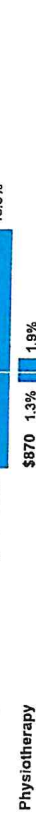
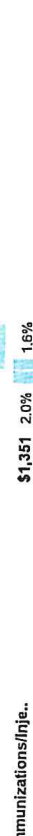
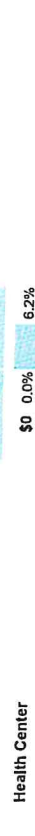
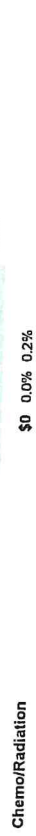


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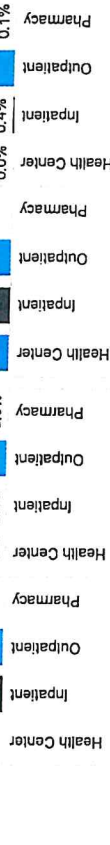
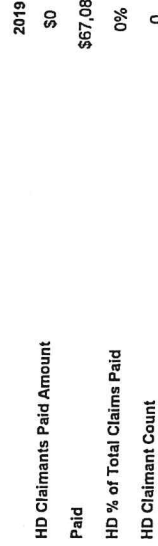
WELLFLEET BOOK

LOUISIANA TECH UNIVERSITY



LOUISIANA TECH UNIVERSITY HighDollar

Claimants Exceeding \$50,000 in Paid Claims





Louisiana Tech

Policy Year	Annual Cost	Enrolled	Premium	Claim losses	Loss Ratio	Through
2017-18	\$1,170	262	\$306,551	\$342,160	111.60%	2/29/2020
2018-19	\$1,067	264	\$281,210	\$459,546	163.40%	2/29/2020
2019-20	\$1,516	255	\$386,201	\$67,081	17.40%	2/29/2020

Standard School Report

School Name
LOUISIANA TECH UNIVERSITY.. Multiple values

Plan Year

Enrollment Dashboard

Claims Dashboard

Medical Cost
Per Member

Medical Cost
Comparison

High Dollar Claimant

Top Provider

Diagnosis

All

All

All

All

All

All

LOUISIANA TECH UNIVERSITY

Claimants Exceeding \$50,000 in Paid Claims

Year	Masked ID	Highest Paid Diagnosis	Relationship	Grand Total	RX Amount	Outpatient Amount	Inpatient Amount
2017	000132293916	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH H..	Member	\$60,022	\$20,581	\$511	\$38,930
	000132544894	ALCOHOL INDUCED ACUTE PANCREATITIS WITHOUT NECROSIS ..	Member	\$55,249	\$16,201	\$15,988	\$23,060
	000132281287	TUBERCULOSIS OF LUNG	Member	\$52,432	\$17,206	\$1,865	\$33,361
	Total			\$167,703	\$53,988	\$18,364	\$95,351
2018	000132282359	EPIDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF 3..	Member	\$61,227	\$1,416	\$4,120	\$55,691
	000132286545	PRESCRIPTION DRUGS	Member	\$60,201	\$60,071	\$130	\$55,691
Grand Total	Total			\$121,428	\$61,487	\$4,250	\$55,691
				\$289,131	\$115,475	\$22,614	\$151,042

Based on policy respective start dates, paid through 2/29/2020
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Louisiana Tech University

2016-2017 International Student Plan Summary

AMA & Associates is pleased to provide the international student Injury and Sickness insurance plan at Louisiana Tech University for the 2016-2017 school year. Our plan protects you 24 hours a day on a worldwide basis except when in your home country.

For additional plan information, please call 1-800-456-7480, or contact customerservice@amaofsa.com.

Carry your Student Insurance ID Card with you at all times.

BENEFITS 2016-2017	In-Network: 100% of PPO Allowance Out-of-Network: 75% of Eligible Charges until \$7,500 in Benefits Paid; Thereafter, 100% of Eligible Charges
Maximum Per Accident and Sickness.....	\$250,000
Policy Year Deductible.....	\$200 Per Covered Person
Insured Co-Payments	(1) \$50 per Hospital Admission (2) \$20 per Doctor's Office Visit (waived if first treated at the SHC) (3) \$50 per Medical Emergency Visit at a hospital emergency room, Surgical center, or clinic (4) \$50 per Visit for Outpatient Services including Outpatient Hospital Services
Ambulance Services	\$500 Maximum
Mental Nervous/Substance Abuse.....	Inpatient: Covered as any Sickness for 30 Days Outpatient In-Network: Covered as any Sickness Outpatient Out-of-Network: \$500 Maximum
Outpatient Prescription Drugs	\$10,000 under the Catamaran Prescription Drug Network. Insured Copayments: (1) \$10 per generic prescription; (2) \$15 per brand name prescription; (3) \$30 per multi-source prescription

UNITEDHEALTHCARE GLOBAL ASSISTANCE PROGRAM

Those who are covered under the Injury and Sickness Plan are also covered under this Program.

Benefits include:

Medical Evacuation & Repatriation	Unlimited per program qualifications
Return of Mortal Remains.....	Unlimited per program qualifications
Transportation to Join a Hospitalized Insured	Economy round-trip airfare for a person chosen by the Insured

U.S. or Canada Toll-Free: 800-537-2029

Worldwide Collect: 1+ 410-453-6330

Louisiana Tech University

2016-2017 International Student Plan Summary

Frequently Asked Questions

What is a PPO? PPO stands for Preferred Provider Organization. These are doctors and hospitals that have agreed to provide medical services at a reduced fee. The PPO network for the international Louisiana Tech University plan is PHCS, a nationwide MultiPlan provider network. If you choose to go to a provider outside of the PHCS network, benefits are reduced and you may have to pay extra money out of pocket.

How do I find a doctor? Go to www.multiplan.com. Select PHCS Network and Continue, select either Doctor or Facility, and then search by zip code and provider type.

What is a deductible? This is the dollar amount of Covered Expenses that is your responsibility as an out of pocket expense before benefits are payable under the policy.

What is a co-payment? This is a fixed dollar amount for a covered service that is your responsibility as an out of pocket expense before benefits are payable under the policy. The co-payment is in addition to the deductible.

The provider says I am not on the insurance list at AMA & Associates. There is a chance at the beginning of the term that we have not received the enrollment information from Louisiana Tech University. The university needs to send us notification that you are enrolled in the insurance plan. We will reimburse your eligible charges per policy terms if the provider requires payment up front. Call 800-829-7467.

What is an EOB? Explanation of Benefits is a form that will be mailed to you once your claim is processed. It shows the charges, discounts, and any amount that is still owed by you to the provider. An EOB is not a bill.

When should I use the Emergency Room? Hospital Emergency Rooms (ERs) are set up to focus on medical emergencies, not routine health care. Many health problems are not emergencies. If you are unsure whether the problem is an emergency: (1) go to your Student Health Center or doctor's office, if open; or (2) go to the ER only if you feel the problem is so serious that it cannot wait until your Student Health Center or doctor's office is open.

How do I fill my prescription? Go to a pharmacy that participates in the Catamaran RX Pharmacy Network and show your ID card. The pharmacy will inform you the amount of your co-pay for your specific drug. You need only pay this co-pay. Examples of nationwide participating pharmacy chains are: Walgreens, Target, Kmart, WalMart, and CVS. For additional pharmacies, to Catamaran RX Member Services at 800-207-2568, or visit their website at www.mycatamaranrx.com.

What happens if my claim is denied? Your claim may have been denied because you did not send us an accident and sickness claim form. This form must be completed and received before your claim can be processed. Your claim may also have been denied if the doctor provides the wrong information on the bill. If you have a question on a denied claim, call AMA & Associates at 800-456-7480 or email customerservice@amaofsa.com. To download a claim form, visit www.amaofsa.com and select your school.

Exclusions & Limitations: The following expenses are not covered:

- Medical care, treatment, supplies or services for the insured in his or her home country
- Elective or cosmetic surgery
- For any care in connection with teeth, gums, or jaw unless as a result of an injury to sound natural teeth
- Hearing aids, eyeglasses and contact lenses
- For the treatment of acne
- Intentional self-inflicted injury
- For diagnosis treatment and all other care related to infertility
- Injury while motorcycling, parachuting, hang gliding or while driving illegally
- Resulting from a motor vehicle accident if an insured individual was operating the vehicle without a valid driver's license
- Injury or sickness as a result of intoxication
- Preventive treatment and routine physicals
- Complete listing of exclusions is available in the Policy

Note: This is a SUMMARY ONLY – THE POLICY WILL DETERMINE BENEFITS

Underwritten by: Catlin Insurance Company Incorporated



Dear Student, Parent, or Guardian:

We are pleased to provide you with this overview of the Louisiana Tech University Student Health Insurance Plan (SHIP) for International Students. This SHIP is underwritten by Atlanta International Insurance Company and administered by CHP Student Health.

This ACA-compliant plan includes:

- Coverage while at school and at home
- Comprehensive coverage both for emergency and non-emergency situations
- Access to the Cigna PPO network

This Plan is paired with the Cigna Network. Note that the benefits are not insured by Cigna or affiliates.

This Plan also offers the following Value-added services. These services are not part of the Student Health Insurance Plan underwritten by Atlanta International Insurance Company:

- Vision Discount Program through Davis Vision
- Medical Travel Assistance Services

HEALTH INSURANCE BENEFIT SUMMARY*

BENEFIT	NETWORK	Non-NETWORK
Maximum	Unlimited	
Annual Deductible	\$200 Individual \$400 Family	\$400 Individual \$800 Family
Out-of-Pocket Maximum	\$7,150 Individual \$14,300 Family	7,150 Individual \$15,000 Family
Coinurance	100% of PA	75% of U&R
Preventive Care	100% of PA (no cost sharing)	75% of U&R
Inpatient Hospital Expense	100% of PA	75% of U&R
Physician's Office Visit	100% of PA after \$20 copay	75% of U&R after \$20 copay
Emergency Room Expense	100% of PA after \$50 copay	100% of PA after \$50 copay
X-Ray and Laboratory	100% of PA	75% of U&R
Prescription Drug Benefits Prescriptions should be filled at a Participating Cigna Pharmacy Network	100% of PA after: <ul style="list-style-type: none"> • \$0 Copay for Generic Contraceptives; • \$10 Copay for other Generic Drugs • \$30 Copay for Preferred Brand • \$60 Copay for Brand 	75% of U&R after: <ul style="list-style-type: none"> • \$10 copay for Generic • \$30 Copay for Preferred Brand • \$60 for Brand

PA= Preferred Allowance

U&R = Usual & Reasonable

*This summary is provided as a courtesy and is not meant to replace or override the terms and conditions detailed in the insurance policy/brochure. Please refer to the policy/brochure to verify medical coverage, eligibility, exclusions, limitations, and for more detailed information.

Louisiana Tech University

2017 - 2018

Student Health Insurance Plan

Underwritten by: Atlanta International Insurance Company


Group #: ST1040SH

Policy#: AIIIC1718LASHIP32

Louisiana Tech University Insurance Requirements

All International students and scholars who have a current passport, a F-1, M-1, or J-1 Visa, and temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities are eligible to be covered under this insurance plan.

If you have other insurance coverage that meets Louisiana Tech's requirements, you may be eligible for a waiver. Please contact the International Student Office by phone at 318-257-4321, or by email at iso@latech.edu.

I need to:	Visit:
Learn about: <ul style="list-style-type: none"> • Insurance Benefits • Provider Listings • Claims Processing • ID card • Waiver process 	CHP Student Health www.chpstudent.com (877)657-5030
Find a PPO Provider: 	Cigna PPO www.cigna.com or CHP Student Health www.chpstudent.com (877)657-5030
Find a Prescription Drug Provider:	Cigna Pharmacy Network www.cigna.com

Cost and Period of Coverage

	Annual* 9/1/17- 9/1/18	Fall* 9/1/17- 12/1/17	Winter* 12/1/17- 3/1/18	Spring* 3/1/18- 6/1/18	Summer* 6/1/18- 9/1/18
Student	\$1,170	\$292	\$288	\$295	\$295
Dependent Rates are in addition to the student rate					
Spouse	\$1,170	\$292	\$288	\$295	\$295
Each Child	\$1,170	\$292	\$288	\$295	\$295
3 or more Children	\$3,510	\$876	\$864	\$885	\$885

Underwritten by: Atlanta International Insurance Company

Policy Form LA SHIP POL 2016

FlyST1040SH



Accessible, Responsive, Flexible.

(877)657-5030

2077 Roosevelt Ave.
Springfield, MA 01104

chpstudent.com

Louisiana Tech University
2018-2019 International Student Health Plan
 Group No: ST1040SH
 Policy No: CCIC1819LASHIP74

Dear Students:

We are pleased to provide you with this summary of the Student Health Plan for Louisiana Tech University. This plan is fully compliant with the Affordable Care Act.

Who Is Eligible To Enroll?

All registered International students and Scholars taking at least 1 credit are required to have health insurance.

All International students and scholars must have a current passport and an F-1, or J-1 Visa and are temporarily residing outside their home country while actively engaged in education, educational activities or research related activities are required to have health insurance coverage.

A student who is an optional Practical Training student and maintains a valid F-1 Visa, may be considered eligible for coverage for a period of time no longer than twelve (12) months following graduation. The student must still be considered a student of Louisiana Tech University.

A student who is on a 24-month STEM extension work period while maintaining a valid F-1 Visa, may be considered eligible for coverage for a period of time no longer than twenty-four (24) months following graduation. The student must still be considered a student of Louisiana Tech University.

How Do I Enroll?

If You are eligible to be covered under this Program, You are automatically enrolled, unless You waive coverage.

STEM, OPT, Bridge F-1 and J-1 Scholars are eligible to enroll on the plan on a voluntary basis by visiting our website at www.consolidatedhealthplan.com. These covered Students/Scholars may also purchase coverage for eligible dependents who reside with the Student/Scholar.

How Do I Waive Coverage?

If you have other insurance coverage that meets Louisiana Tech's requirements, you may be eligible for a waiver. Please contact the International Student Office by phone at (318) 257-4321, or by email at iso@latech.edu.

Enrollment Period Deadline Dates

Annual/Fall	September 28, 2018
Fall	September 28, 2018

Cost and Period of Coverage

	Annual* 8/29/18- 8/28/19	Fall* 8/29/18- 11/30/18	Winter* 12/1/18- 2/28/19	Spring* 3/1/19- 5/31/19	Summer* 6/1/19- 8/28/19
Student	\$1,160	\$290	\$290	\$290	\$290
Dependent Rates are in addition to the student rate					
Spouse	\$1,160	\$290	\$290	\$290	\$290
Each Child	\$1,160	\$290	\$290	\$290	\$290
3 or more Children	\$3,480	\$870	\$870	\$870	\$870

HEALTH INSURANCE BENEFIT SUMMARY*

BENEFIT	NETWORK	NON-NETWORK
Benefit Maximum	Unlimited	
Annual Deductible	\$200 per Individual	\$400 per Individual
Out-of-Pocket Maximum	\$7,150 Individual \$14,300 Family	\$7,150 Individual \$14,300 Family
Coinsurance	100% of PA	75% of U&R
Preventive Care	100% of PA (no cost sharing)	75% of U&R
Hospital Room & Board (Inpatient)**	100% of PA	75% of U&R
Surgery (Inpatient or Outpatient)	100% of PA	75% of U&R
In Office Physician Visit	100% of PA after \$20 copay per visit	75% of U&R after \$20 copay per visit
Consultant/Specialist Physician Services	100% of PA after \$20 copay per visit	75% of U&R
Emergency Services Expense	100% of PA, after \$50 copay per visit	100% of U&R, after \$50 copay per visit
Urgent Care Center Expenses	100% of PA	75% of U&R
Diagnostic X-ray & Laboratory	100% of PA	75% of U&R
Mental Health and Substance Abuse	Same as any other Covered Sickness	Same as any other Covered Sickness
Outpatient Prescription Drugs (Copay per drug; deductible waived; no cost sharing for ACA preventive care medications)	100% of PA, after: \$10 copay Generic \$30 copay Preferred Brand \$60 copay non-Preferred Brand \$60 copay Specialty (per month for each drug up to a 30-day supply of any single drug)	75% of U&R after: \$10 copay Generic \$30 copay Preferred Brand \$60 copay non-Preferred Brand \$60 copay Specialty (per month for each drug up to a 30-day supply of any single drug)

PA= Preferred Allowance

U&R Usual and Reasonable

*This is only a brief description of the coverage(s) available under Certificate form LA SHIP CERT (2018). The Certificate will contain the reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

**All inpatient confinements require pre-certification. The phone number can be found on the back of the Insured's ID card. The call should be made prior to Hospital Confinement. In the case of an emergency, the call should take place as soon as reasonably possible.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Principle Sum for Double Dismemberment or Loss of Life \$10,000
 Loss must occur within 180 days for the date of a covered Accident.

Underwritten By:
 Commercial Casualty Insurance Company

Plan Administrator:
 Consolidated Health Plans, Inc.
 2077 Roosevelt Ave.
 Springfield, MA 01104
chsstudenthealth.com
 (877) 657-5030

Servicing Agent:
 Student Assurance Services, Inc.
 333 North Main Street
 P.O. Box 196
 Stillwater, MN 55082
 (800) 328-2739
dianam@sas-mn.com

Where Can I Obtain More Information About The Plan?	
Insurance Benefits Enrollment Waiver	Consolidated Health Plans (CHP) 877-657-5030 or www.chpstudenthealth.com
Claims Processing ID Cards Preferred Provider Listings ID card Requests	Consolidated Health Plans (CHP) 877-657-5030 or www.chpstudenthealth.com
Find Network Provider	Consolidated Health Plans or www.cigna.com
Find Prescription Drug Provider	Consolidated Health Plans or www.cigna.com

The following Value-Added Services are not part of the Policy and are not underwritten by Commercial Casualty Insurance Company. The services are provided by Independent vendors and are included if the student participates in the student health plan.

- Vision discount program through Davis Vision
- Medical travel assistance through Scholastic Emergency Services
- 24-hour nurse line
- 24-hour behavioral health hotline through CareConnect

Exclusions

Exclusion Disclaimer: Any exclusion in conflict with the Patient Protection and Affordable Care Act or any state-imposed requirements will be administered to comply with the requirements of the federal or state guideline, whichever is more favorable to You.

This Certificate does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of this Certificate and as shown in the Schedule of Benefits.

1. **International Students Only** - Eligible expenses within Your Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which You could be eligible.
2. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the person's attending physician or dentist.
3. medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits.
4. professional services rendered by an Immediate Family Member or anyone who lives with You.
5. weak, strained or flat feet, corns, calluses ingrown toenails except for Treatment because of Injury, infection or disease, except as may be required for treatment associated with diabetes.
6. diagnostic or surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
7. prescription contraceptive diaphragms are covered but limited to one (1) per Policy Year;
8. expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
9. charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
10. any expenses in excess of Usual and Reasonable charges except as provided in this Certificate.
11. loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
12. loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority.
13. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate, intramural or club sports;
14. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport;
15. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which You are required to pay.
16. services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
17. expenses payable under any prior Certificate which was in force for the person making the claim.
18. Injury sustained as the result of Your operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
19. expenses incurred after:
 - o The date insurance terminates as to an Insured Person, except as specified in the extension of benefits provision; and
 - o The end of the Policy Year specified in the Benefit Schedule.
20. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Certificate.
21. charges incurred for acupuncture, heat Treatment, diathermy, or massage, in any form, except to the extent provided in the Schedule of Benefits.
22. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. this does not

- apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Care Services benefit, or otherwise specifically covered under the Certificate.
23. charges for hair growth or removal unless otherwise specifically covered under the Certificate.
 24. expenses for radial keratotomy, eye glasses or contact lenses except as required for repair caused by a Covered Injury. Office visit exam for the fitting of prescription contact lenses eyeglasses or duplicate spare eyeglasses or lenses or frames eyeglass frames, non-prescription lenses and non-prescription contact lenses that are for cosmetic purposes or unless otherwise covered under the Pediatric and Adult Vision Care Benefit.
 25. charges for hearing exams, hearing screening, hearing aids or cochlear implants except as specifically provided in the Certificate.
 26. racing or speed contests skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles) or other hazardous sport or hobby.
 27. expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical Treatment within 24 hours of the Accident or results from Reconstructive Surgery.
 - o For the purposes of this provision, **Reconstructive Surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
 - o For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance or alter their personal concept of body image.
 28. Treatment to the teeth, including orthodontic braces and orthodontic appliances, or unless otherwise covered under the Pediatric Dental Care Benefit. Surgical extractions of teeth and any Treatment of Temporomandibular Joint Dysfunction (TMJ) other than a surgical procedure for those covered conditions affecting the upper or lower jawbone or associated bone joints. Such a procedure must be considered Medically Necessary based on the Certificate definition of same. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.
 29. You are:
 - o committing or attempting to commit a felony,
 - o being engaged in an illegal occupation, or
 - o participation in a riot.
 30. elective abortions.
 31. braces and appliances, except as specifically provided in the Schedule of Benefits.
 32. congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
 33. Custodial Care service and supplies.
 34. charges for hot or cold packs.
 35. hernia, of any kind.
 36. expenses that are not recommended and approved by a Physician.
 37. sexual reassignment surgery, except as provided when Medically Necessary or when Treatment is covered under the Certificate. This exclusion does not include related mental health counseling or hormone therapy.
 38. routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, donor services if the recipient is not an Insured Person under this plan, or services for or related to the transplantation of animal or artificial organs or tissues.
 39. cosmetic procedures related to Gender Dysphoria including but not limited to rhinoplasty, face lift, facial bone reduction, lip enhancement or reduction, blepharoplasty, breast augmentation, body contouring, reduction thyroid chondroplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants This exclusion does not apply to breast reconstruction after mastectomy.
 40. Under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
 - o which does not, by federal or state law, require a prescription order, i.e. over-the-counter drugs, even if a prescription is written, except as specifically provided in the Prescription Drug Benefit section of this plan;
 - o drugs with over-the-counter equivalents;
 - o allergy sera and extracts administered via injection;
 - o for the purpose of weight control;
 - o fertility drugs;
 - o vitamins, minerals, food supplements.;
 - o dietary supplements;
 - o cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation, or Treatment of acne except as specifically provided in this Certificate;
 - o blood glucose meters, asthma holding chambers and peak flow meters are eligible health services, but are limited to one (1) prescription order per Policy Year Benefit Period;
 - o refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
 - o drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
 - o purchased after coverage under the Certificate terminates;
 - o consumed or administered at the place where it is dispensed;
 - o if the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
 - o bulk chemicals;
 - o non-insulin syringes surgical supplies durable medical equipment/medical devices with the exception of diabetic blood monitors and kits;
 - o stimulants;
 - o repackaged products;
 - o blood components;

- immunology products.
- 41. non-chemical addictions.
- 42. non-physical, occupational, speech therapies (art, dance, etc.).
- 43. modifications made to dwellings.
- 44. general fitness, exercise programs.
- 45. obesity Surgery.
- 46. hypnosis.
- 47. rolfing.
- 48. biofeedback.
- 49. hyperhidrosis.
- 50. charges for inpatient Private-duty nursing.

Coverage Count Report

Policy Year : 2016

Agent : ALL

Category : ALL

State : ALL

Run Date : 03/31/2020

Company : ALL

Page No : 1

From Date : 08/29/16

To Date : 08/29/17

Coverage	Count	Units	Rate	List Premium
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Policy #	2678	LOUISIANA TECH UNIVERSITY
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Plan No. : 16-2678

CHILD FALL QUARTER INTERNATIONAL	1	1	360.00	360.00
CHILD MONTHLY INTERNATIONAL	1	2	120.00	240.00
STUDENT FALL QUARTER INTERNATIONAL	336	336	288.00	96,768.00
STUDENT MONTHLY INTERNATIONAL	5	12	96.00	1,152.00
STUDENT SPRING QUARTER INTERNATIONAL	309	309	288.00	88,992.00
STUDENT SUMMER QUARTER INTERNATIONAL	154	173	288.00	44,352.00
STUDENT WINTER QUARTER INTERNATIONAL	319	319	288.00	91,872.00

Plan Total :	1126	1162		323,736.00
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Plan No. : 16-2678A

STUDENT FALL QUARTER INTERNATIONAL	4	4	312.00	1,248.00
STUDENT SPRING QUARTER INTERNATIONAL	7	7	312.00	2,184.00
STUDENT SUMMER QUARTER INTERNATIONAL	5	5	312.00	1,560.00
STUDENT WINTER QUARTER INTERNATIONAL	4	4	312.00	1,248.00

Plan Total :	20	20		6,240.00
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Policy Total :	1146	1182		329,976.00
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Utilization Review By Place Of Service

As of Date : 09/01/18

1708-82E6-2678

Policy Year : 2016

Run Date : 03/31/20

LOUISIANA TECH UNIVERSITY

Page No. : 1

ICD-9 / Count	Description	Premium	Loss %	Submitted Claims	Discounts	Current Payment	PPR %	COB Saving
Plan number: 16-2678								
Place of Service : 11 DOCTORS OFFICE								
054. / 1	HERPES SIMPLEX			214.00	0.00	0.00	100.00	0.00
078. / 1	OTHER DISEASES DUE TO VIRUSES AND CHLAMYDIAE			290.00	0.00	0.00	100.00	0.00
133. / 2	ACARIASIS			2,001.26	127.73	670.18	66.51	0.00
218. / 2	UTERINE LEIOMYOMA			2,428.21	276.23	889.10	63.38	0.00
225. / 1	BENIGN NEOPLASM OF BRAIN AND OTHER PARTS OF NI			3,038.00	0.00	0.00	100.00	0.00
241. / 1	NONTOXIC NODULAR GOITER			1,767.00	0.00	0.00	100.00	0.00
244. / 1	ACQUIRED HYPOTHYROIDISM			161.00	0.00	0.00	100.00	0.00
250. / 1	DIABETES MELLITUS			216.00	0.00	0.00	100.00	0.00
266. / 1	DEFICIENCY OF B-COMPLEX COMPONENTS			1,172.23	41.99	268.30	77.11	0.00
296. / 1	AFFECTIVE PSYCHOSES			107.00	0.00	0.00	100.00	0.00
300. / 1	NEUROTIC DISORDERS			266.00	0.00	0.00	100.00	0.00
307. / 1	SPECIAL SYMPTOMS OR SYNDROMES, NOT ELSEWHER			161.00	0.00	0.00	100.00	0.00
333. / 1	OTHER EXTRAPYRAMIDAL DISEASE AND ABNORMAL MC			427.00	0.00	0.00	100.00	0.00
346. / 1	MIGRAINE			1,562.00	0.00	0.00	100.00	0.00
365. / 1	GLAUCOMA			563.00	0.00	0.00	100.00	0.00
369. / 1	BLINDNESS AND LOW VISION			125.00	0.00	0.00	100.00	0.00
372. / 1	DISORDERS OF CONJUNCTIVA			180.00	0.00	0.00	100.00	0.00
373. / 1	INFLAMMATION OF EYELIDS			261.00	0.00	0.00	100.00	0.00
380. / 1	DISORDERS OF EXTERNAL EAR			63.00	0.00	0.00	100.00	0.00
384. / 1	OTHER DISORDERS OF TYMPANIC MEMBRANE			413.00	0.00	0.00	100.00	0.00
455. / 1	HEMORRHOIDS			214.00	0.00	0.00	100.00	0.00
461. / 5	ACUTE SINUSITIS			1,461.08	20.67	264.41	81.90	0.00
462. / 1	ACUTE PHARYNGITIS			193.00	0.00	0.00	100.00	0.00
463. / 1	ACUTE TONSILLITIS			195.00	0.00	0.00	100.00	0.00
464. / 1	ACUTE LARYNGITIS AND TRACHEITIS			942.92	78.29	316.61	66.42	0.00
465. / 3	ACUTE UPPER RESPIRATORY INFECTIONS OF MULTIPLE			1,688.58	139.86	498.81	70.46	0.00
511. / 2	PLEURISY			800.00	0.00	0.00	100.00	0.00
520. / 1	DISORDERS OF TOOTH DEVELOPMENT AND ERUPTION			2,320.00	0.00	0.00	100.00	0.00
530. / 2	DISEASES OF ESOPHAGUS			4,156.97	238.42	2,030.79	51.15	0.00
535. / 1	GASTRITIS AND DUODENITIS			2,278.19	149.76	2,038.43	10.52	0.00
536. / 1	DISORDERS OF FUNCTION OF STOMACH			128.00	0.00	0.00	100.00	0.00
550. / 1	INGUINAL HERNIA			572.00	0.00	0.00	100.00	0.00
564. / 1	FUNCTIONAL DIGESTIVE DISORDERS, NOT ELSEWHERE			223.51	0.00	88.51	60.40	0.00
565. / 1	ANAL FISSURE AND FISTULA			120.00	0.00	0.00	100.00	0.00
574. / 1	CHOLELITHIASIS			694.36	72.56	286.80	58.70	0.00
575. / 1	OTHER DISORDERS OF GALLBLADDER			95.00	0.00	0.00	100.00	0.00
599. / 1	OTHER DISORDERS OF URETHRA AND URINARY TRACT			2,207.22	159.51	1,774.22	19.62	0.00
608. / 3	OTHER DISORDERS OF MALE GENITAL ORGANS			63,104.95	93.47	16,749.88	73.46	40,840.18
611. / 1	OTHER DISORDERS OF BREAST			500.00	0.00	0.00	100.00	0.00
616. / 1	INFLAMMATORY DISEASE OF CERVIX, VAGINA, AND VULV			107.00	0.00	0.00	100.00	0.00
617. / 1	ENDOMETRIOSIS			811.00	0.00	0.00	100.00	0.00
623. / 2	NONINFLAMMATORY DISORDERS OF VAGINA			518.23	13.91	163.32	68.49	0.00
625. / 1	PAIN AND OTHER SYMPTOMS ASSOCIATED WITH FEMALE			214.00	0.00	0.00	100.00	0.00
626. / 4	DISORDERS OF MENSTRUATION AND OTHER ABNORMAL			4,617.81	157.30	1,525.51	66.96	0.00
634. / 1	SPONTANEOUS ABORTION			577.28	41.60	465.68	19.33	0.00
686. / 2	OTHER LOCAL INFECTIONS OF SKIN AND SUBCUTANEO			840.97	24.05	247.92	70.52	0.00
690. / 1	ERYTHEMATOUSQUAMOUS DERMATOSIS			774.46	34.84	431.62	44.27	0.00
692. / 3	CONTACT DERMATITIS AND OTHER ECZEMA			2,702.17	127.49	659.16	75.61	0.00
704. / 1	DISEASES OF HAIR AND HAIR FOLLICLES			107.00	0.00	0.00	100.00	0.00
705. / 2	DISORDERS OF SWEAT GLANDS			442.00	0.00	0.00	100.00	0.00
706. / 3	DISEASES OF SEBACEOUS GLANDS			933.99	39.65	101.34	89.15	0.00
719. / 3	OTHER AND UNSPECIFIED DISORDERS OF JOINT			1,248.00	0.00	0.00	100.00	0.00
724. / 5	OTHER AND UNSPECIFIED DISORDERS OF BACK			3,178.50	115.82	431.69	86.42	0.00
729. / 2	OTHER DISORDERS OF SOFT TISSUES			1,046.00	0.00	0.00	100.00	0.00

Utilization Review By Place Of Service

As of Date : 09/01/18

1708-62E6-2678

Policy Year : 2018

Run Date : 03/31/20

LOUISIANA TECH UNIVERSITY

Page No. : 2

ICD-9 / Count	Description	Premium	Loss %	Submitted Claims	Discounts	Current Payment	PPR %	COB Saving
Place of Service : 11 DOCTORS OFFICE								
Plan number: 16-2678								
741. / 1	SPINA BIFIDA			414.00	0.00	0.00	100.00	0.00
780. / 2	GENERAL SYMPTOMS			364.00	0.00	0.00	100.00	0.00
784. / 2	SYMPTOMS INVOLVING HEAD AND NECK			2,292.00	0.00	0.00	100.00	0.00
786. / 4	SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTI			1,584.37	33.15	281.22	82.25	0.00
787. / 2	SYMPTOMS INVOLVING DIGESTIVE SYSTEM			1,943.53	93.34	837.19	56.92	0.00
788. / 2	SYMPTOMS INVOLVING URINARY SYSTEM			586.23	20.93	163.32	72.14	0.00
789. / 5	OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS			5,196.15	241.78	2,686.35	48.30	0.00
794. / 2	NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUI			2,116.94	74.36	767.34	63.75	0.00
795. / 2	NONSPECIFIC ABNORMAL HISTOLOGICALAND IMMUNOI			407.00	0.00	0.00	100.00	0.00
808. / 1	FRACTURE OF PELVIS			278.00	0.00	0.00	100.00	0.00
815. / 1	FRACTURE OF METACARPAL BONE(S)			120.00	0.00	0.00	100.00	0.00
825. / 1	FRACTURE OF ONE OR MORE TARSALAND METATARSA			332.00	0.00	0.00	100.00	0.00
842. / 1	SPRAINS AND STRAINS OF WRIST AND HAND			195.00	0.00	0.00	100.00	0.00
959. / 2	INJURY, OTHER AND UNSPECIFIED			1,978.00	0.00	0.00	100.00	0.00
R53. / 1				107.00	0.00	0.00	100.00	0.00
V04. / 1	NEED FOR PROPHYLACTIC VACCINATION AND INOCULA			63.00	0.00	0.00	100.00	0.00
V05. / 1	NEED FOR OTHER PROPHYLACTIC VACCINATION AND II			40.00	0.00	0.00	100.00	0.00
V22. / 2	NORMAL PREGNANCY			3,337.87	182.26	1,811.53	45.73	0.00
V25. / 1	CONTRACEPTIVE MANAGEMENT			107.00	0.00	0.00	100.00	0.00
V70. / 1	GENERAL MEDICAL EXAMINATION			154.00	0.00	0.00	100.00	0.00
V72. / 4	SPECIAL INVESTIGATIONS AND EXAMINATIONS			1,568.00	0.00	0.00	100.00	0.00
V74. / 1	SPECIAL SCREENING EXAMINATION FOR BACTERIAL AN			100.00	0.00	0.00	100.00	0.00
Totals For : 11		0.00		138,712.98	2,598.97	36,449.23	73.72	40,840.18
Place of Service : 20 INPATIENT ICU								
575. / 1	OTHER DISORDERS OF GALLBLADDER			94,649.86	0.00	0.00	100.00	0.00
Totals For : 20		0.00		94,649.86	0.00	0.00	100.00	0.00
Place of Service : 21 INPATIENT HOSPITAL								
305. / 1	NONDEPENDENT ABUSE OF DRUGS			122.00	0.00	0.00	100.00	0.00
575. / 1	OTHER DISORDERS OF GALLBLADDER			31,115.47	0.00	0.00	100.00	0.00
Totals For : 21		0.00		31,237.47	0.00	0.00	100.00	0.00
Place of Service : 22 HOSPITAL OUTPATIENT								
218. / 1	UTERINE LEIOMYOMA			606.78	95.42	474.66	21.77	0.00
241. / 1	NONTXIC NODULAR GOITER			1,000.25	49.20	623.03	37.71	0.00
535. / 1	GASTRITIS AND DUODENITIS			10,812.36	889.29	8,534.07	21.07	0.00
550. / 1	INGUINAL HERNIA			21,028.73	0.00	0.00	100.00	0.00
564. / 1	FUNCTIONAL DIGESTIVE DISORDERS, NOT ELSEWHERE			5,150.73	0.00	0.00	100.00	0.00
574. / 1	CHOLELITHIASIS			47,808.19	4,262.37	29,649.21	37.98	0.00
575. / 1	OTHER DISORDERS OF GALLBLADDER			4,174.00	0.00	0.00	100.00	0.00
608. / 1	OTHER DISORDERS OF MALE GENITAL ORGANS			39,736.96	0.00	8,377.09	78.92	10,996.47
634. / 1	SPONTANEOUS ABORTION			19,067.76	3,944.58	14,277.88	25.12	0.00
686. / 1	OTHER LOCAL INFECTIONS OF SKIN AND SUBCUTANEO			703.27	72.05	317.21	54.89	0.00
692. / 1	CONTACT DERMATITIS AND OTHER ECZEMA			1,095.60	142.92	738.67	32.58	0.00
719. / 1	OTHER AND UNSPECIFIED DISORDERS OF JOINT			3,068.60	226.59	2,661.30	13.27	0.00
786. / 1	SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTI			293.00	0.00	0.00	100.00	0.00
789. / 1	OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS			2,532.64	0.00	0.00	100.00	0.00
808. / 1	FRACTURE OF PELVIS			200.36	0.00	0.00	100.00	0.00
V72. / 2	SPECIAL INVESTIGATIONS AND EXAMINATIONS			1,899.47	0.00	0.00	100.00	0.00
Totals For : 22		0.00		159,178.70	9,682.42	65,653.12	58.76	10,996.47
Place of Service : 23 EMERGENCY ROOM-HOSPITAL								
300. / 1	NEUROTIC DISORDERS			1,105.79	0.00	0.00	100.00	0.00

Utilization Review By Place Of Service

As of Date : 09/01/18

1708-62E6-2678

Policy Year : 2016

LOUISIANA TECH UNIVERSITY

Run Date : 03/31/20

Page No. : 3

ICD-9 / Count	Description	Premium	Loss %	Submitted Claims	Discounts	Current Payment	PPR %	COB Saving
Place of Service : 23 EMERGENCY ROOM-HOSPITAL								
Plan number: 16-2678								
305. / 1	NONDEPENDENT ABUSE OF DRUGS			6,624.76	0.00	0.00	100.00	0.00
380. / 1	DISORDERS OF EXTERNAL EAR			677.00	0.00	0.00	100.00	0.00
462. / 1	ACUTE PHARYNGITIS			739.00	0.00	0.00	100.00	0.00
535. / 2	GASTRITIS AND DUODENITIS			9,245.54	0.00	0.00	100.00	0.00
536. / 1	DISORDERS OF FUNCTION OF STOMACH			7,552.57	617.52	4,018.96	46.79	0.00
564. / 1	FUNCTIONAL DIGESTIVE DISORDERS, NOT ELSEWHERE			1,822.79	0.00	0.00	100.00	0.00
575. / 1	OTHER DISORDERS OF GALLBLADDER			56,412.73	0.00	0.00	100.00	0.00
595. / 1	CYSTITIS			1,594.76	0.00	0.00	100.00	0.00
640. / 1	HEMORRHAGE IN EARLY PREGNANCY			12,298.92	0.00	0.00	100.00	0.00
685. / 1	PILONIDAL CYST			25,508.62	3,085.33	21,973.29	13.86	0.00
708. / 1	URTICARIA			3,396.69	334.08	2,043.61	39.84	0.00
724. / 1	OTHER AND UNSPECIFIED DISORDERS OF BACK			75.00	0.00	0.00	100.00	0.00
789. / 4	OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS			10,734.82	291.82	3,136.47	70.78	0.00
815. / 1	FRACTURE OF METACARPAL BONE(S)			1,979.38	0.00	0.00	100.00	0.00
883. / 1	OPEN WOUND OF FINGER(S)			1,795.14	202.49	863.65	51.89	0.00
923. / 2	CONTUSION OF UPPER LIMB			3,822.10	0.00	0.00	100.00	0.00
924. / 1	CONTUSION OF LOWER LIMB AND OF OTHER AND UNSF			6,120.90	253.95	2,561.62	58.15	0.00
995. / 1	CERTAIN ADVERSE EFFECTS NOT ELSEWHERE CLASSII			3,708.11	0.00	0.00	100.00	0.00
V22. / 1	NORMAL PREGNANCY			5,476.40	639.33	4,742.07	13.41	0.00
Totals For : 23		0.00		160,691.02	5,424.52	39,339.67	75.52	0.00
Place of Service : 24 AMBULATORY SURGICAL CENTER								
550. / 1	INGUINAL HERNIA			750.00	0.00	0.00	100.00	0.00
Totals For : 24		0.00		750.00	0.00	0.00	100.00	0.00
Place of Service : 81 INDEPENDENT LABORATORY								
078. / 1	OTHER DISEASES DUE TO VIRUSES AND CHLAMYDIAE			661.00	0.00	0.00	100.00	0.00
218. / 2	UTERINE LEIOMYOMA			3,064.76	706.66	1,202.04	60.78	0.00
241. / 1	NONTXIC NODULAR GOITER			3,008.45	213.33	2,475.12	17.73	0.00
244. / 1	ACQUIRED HYPOTHYROIDISM			164.00	0.00	0.00	100.00	0.00
266. / 1	DEFICIENCY OF B-COMPLEX COMPONENTS			575.08	36.53	434.55	24.44	0.00
300. / 1	NEUROTIC DISORDERS			457.00	0.00	0.00	100.00	0.00
333. / 1	OTHER EXTRAPYRAMIDAL DISEASE AND ABNORMAL MC			820.00	0.00	0.00	100.00	0.00
382. / 1	SUPPURATIVE AND UNSPECIFIED OTITIS MEDIA			271.00	0.00	0.00	100.00	0.00
530. / 1	DISEASES OF ESOPHAGUS			394.13	278.73	65.40	83.41	0.00
535. / 1	GASTRITIS AND DUODENITIS			39.00	0.00	0.00	100.00	0.00
599. / 1	OTHER DISORDERS OF URETHRA AND URINARY TRACT			1,254.00	0.00	0.00	100.00	0.00
608. / 2	OTHER DISORDERS OF MALE GENITAL ORGANS			381.97	0.00	99.03	74.07	255.94
623. / 2	NONINFLAMMATORY DISORDERS OF VAGINA			277.00	0.00	0.00	100.00	0.00
625. / 1	PAIN AND OTHER SYMPTOMS ASSOCIATED WITH FEMAI			421.00	0.00	0.00	100.00	0.00
626. / 3	DISORDERS OF MENSTRUATION AND OTHER ABNORMA			1,312.70	252.29	35.66	97.28	0.00
634. / 1	SPONTANEOUS ABORTION			133.23	12.22	71.01	46.70	0.00
690. / 1	ERYTHEMATOSQUAMOUS DERMATOSIS			392.44	263.81	78.63	79.96	0.00
692. / 1	CONTACT DERMATITIS AND OTHER ECZEMA			429.00	0.00	0.00	100.00	0.00
704. / 1	DISEASES OF HAIR AND HAIR FOLLICLES			935.18	42.38	512.56	45.19	0.00
706. / 1	DISEASES OF SEBACEOUS GLANDS			200.00	0.00	0.00	100.00	0.00
719. / 1	OTHER AND UNSPECIFIED DISORDERS OF JOINT			53.00	0.00	0.00	100.00	0.00
724. / 2	OTHER AND UNSPECIFIED DISORDERS OF BACK			450.00	0.00	0.00	100.00	0.00
780. / 2	GENERAL SYMPTOMS			670.00	0.00	0.00	100.00	0.00
786. / 2	SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTI			1,109.36	39.39	444.11	59.97	0.00
788. / 1	SYMPTOMS INVOLVING URINARY SYSTEM			294.88	96.11	66.75	77.36	0.00
789. / 1	OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS			313.67	23.53	240.14	23.44	0.00
794. / 3	NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUI			770.00	0.00	0.00	100.00	0.00
795. / 1	NONSPECIFIC ABNORMAL HISTOLOGICAL AND IMMUNOI			234.00	0.00	0.00	100.00	0.00

Utilization Review By Place Of Service

As of Date : 09/01/18

1708-62E6-2678

Policy Year : 2016

Run Date : 03/31/20

LOUISIANA TECH UNIVERSITY

Page No. : 4

ICD-9 / Count	Description	Premium	Loss %	Submitted Claims	Discounts	Current Payment	PPR %	COB Saving
Place of Service : 81 INDEPENDENT LABORATORY								
Plan number: 16-2678								
959. / 1	INJURY, OTHER AND UNSPECIFIED			189.00	0.00	0.00	100.00	0.00
R53. / 2				404.00	0.00	0.00	100.00	0.00
V22. / 2	NORMAL PREGNANCY			3,775.95	305.29	2,374.66	37.11	0.00
V70. / 2	GENERAL MEDICAL EXAMINATION			1,224.00	0.00	0.00	100.00	0.00
V72. / 2	SPECIAL INVESTIGATIONS AND EXAMINATIONS			159.25	0.00	0.00	100.00	0.00
Z01. / 1				120.00	0.00	0.00	100.00	0.00
Totals For : 81		0.00		24,958.05	2,270.27	8,099.66	67.55	255.94
Place of Service : 97								
A20. / 1	PHARMACY DRUG CARD			32,779.81	0.00	32,779.81	0.00	0.00
Totals For : 97		0.00		32,779.81	0.00	32,779.81	0.00	0.00
Place of Service : 99 OTHER UNLISTED FACILITY								
A11. / 1	CAPITATION FEES			11,563.69	0.00	11,563.69	0.00	0.00
Totals For : 99		0.00		11,563.69	0.00	11,563.69	0.00	0.00
220	Plan Totals:	329,592.00	58.83	654,521.58	19,976.18	193,885.18	70.38	52,092.59
Plan number: 16-2678A								
Place of Service : 11 DOCTORS OFFICE								
250. / 1	DIABETES MELLITUS			2,417.30	33.22	1,800.08	25.53	0.00
461. / 1	ACUTE SINUSITIS			375.00	0.00	0.00	100.00	0.00
595. / 1	CYSTITIS			224.00	0.00	0.00	100.00	0.00
Totals For : 11		0.00		3,016.30	33.22	1,800.08	40.32	0.00
Place of Service : 22 HOSPITAL OUTPATIENT								
250. / 1	DIABETES MELLITUS			492.70	18.26	324.44	34.15	0.00
525. / 1	OTHER DISEASES AND CONDITIONS OF THE TEETH AND			325.00	0.00	0.00	100.00	0.00
Totals For : 22		0.00		817.70	18.26	324.44	60.32	0.00
Place of Service : 23 EMERGENCY ROOM-HOSPITAL								
R55. / 1				1,746.00	0.00	0.00	100.00	0.00
R56. / 1				8,846.36	0.00	0.00	100.00	0.00
Totals For : 23		0.00		10,592.36	0.00	0.00	100.00	0.00
7	Plan Totals:	6,240.00	34.05	14,426.36	51.48	2,124.52	85.27	0.00

Report Totals

Total Charges	668,947.90
Total Discounts	20,027.66
Total COB Saving	52,092.59
Total Payments	196,009.66
Total List Premium	335,832.00
Loss Ratio	58.37